

EXHIBIT 5a

PART 4

*** BRADFORI REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

#10924-052

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4447798	11	08-24-04	08-18-61	43	M			U	000226525

MOSHIER, DONALD
PO BOX 5000
BRADFORD

Phone#: (814) 362-8900
PA 16701

Date: 08/24/04
Time: 13:31

Ref Phys:

Att Phys: HORSLEY, ROSS, DR.

Adm Dx: CT LIVER BIOPSY

Adm Phys:

Procedure: 0809 CT - Biopsy

Tech: JANB

Req Phys: BEAM

Reason: ELEVATED LFTS

Priority: Routine

Date to do: 08-24-04

Preg Status: Patient is Male

LMP Status:

Location: LIVER

Comments:

Approval #:

Explained to Pt: Y

Preg: NA Shielded: NA

Consent: NA Prepped: NA

2nd Chk LMP: NA

Cont. Sensitive: NA

Oral contrast: NA

Alrgy: NA

Lab Tests: NA Attempts:

Contrast: N

Dose:

Time:

Site:

Tech:

Radiologist: Mark J. Welch, MD

0809 CT - Biopsy

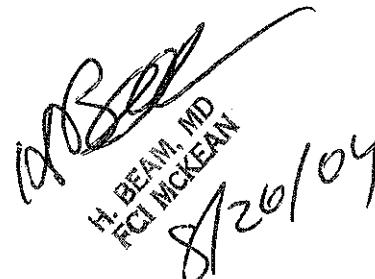
Date Typed: 8/24/2004

Date Dictated: 8/24/2004

CT LIVER BIOPSY:

CT guided liver biopsy was performed. Before the examination started a CT of the entire abdomen was performed without contrast. The liver is in the upper limits of normal for size. The spleen is unremarkable. The gallbladder is normal. The kidneys are normal. The pancreas and adrenals are normal. Following this a CT guided biopsy was performed after an appropriate site was chosen. Subcutaneous Lidocaine was infiltrated into the soft tissues and two core biopsies were obtained. The liver had the consistency of wood. The patient tolerated the procedure without complications.

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Dr. Beam, MD
FCI McKean
8/26/04

Electronic verification by Mark J. Welch, MD

000196

0001

Facility: MCKEAN HOUSING FACILITY (MCK)

Facility: MCKEAN HOUSING FACILITY (MCK)
 Prescribers: H. BEAM, MD
 Time: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Order Date: 10/27/05 MOSHIER, DONALD L. BEAM,MD
 Exp. Date: 04/29/05 TAKE TWO TABLETS TWICE DAILY FOR 3 DAYS AS NEEDED FOR PAIN

RX #: 600384 APAP/CODEINE 300/30 MG UD #12
 Ord.Date: 10/29/05 MOSHIER, DONALD L. H. BEAM, MD
 Exp.Date: 05/03/06 TAKE TWO TABLETS THREE TIMES DAILY FOR 5 DAYS
 Rx #: 2472
 600385 APAP/CODEINE 300/30 MG UD

000159
 99 DIC
 JU
 10/28/05

Order Date
 Exp. Date
 RX #

Documentation Codes: H - Hold R - Refused DC - Discontinued Order S - Self Administered NS - No Show O - Other

DOB: 08/18/1961 HT: 6'1" WT: 260

Unit: 202-103LDS

Pill Line#: Pt. Name: MOSHIER, DONALD L.

Allergies: NKA

Diagnosis: NKA

Physician: BEAM,MD

Registration #: 10924-052

Case 1:05-cv-00190-SJM-SPB Document 53-10

Filed 10/12/2007

Case 1:05-cv-00180-SJM-SPB

Facility: MCLEAN HOUSING FACILITY (MCKY)

Medication Administration Record

Month/Year:

02205

000206

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Prescriptions

Month/Year: 01/2005

Order Date 10924-052 MOSHIER, DONALD L BEAM,MD

Exp. Date 03/28/05 TAKE TWO CAPSULES EACH MORNING AND TAKE TWO CAPSULES EACH EVENING

RX# 17831 RIBAVIRIN 200MG CAP

Order Date 01/12/05 10924-052 TAKE THREE CAPSULES TWICE DAILY

Exp.Date 04/11/05 **DOSE INCREASE**

RX# 178396 RIBAVIRIN 200MG CAP

Order Date #180 1935

Order Date

Exp. Date

RX#

Documentation Codes: H - Hold R - Refused DC - Discontinued Order

DOB: 08/18/1961

HT: 6'1"

WT: 260

Unit: A04-203U

NKA

Allergies:

Pill Line#:

Pt. Name: MOSHIER, DONALD L

Registration #: 10924-052

Diagnosis: NKA

Physician: BEAM,MD

000208

Medication Summary Sheet

Ord.Date 01/23/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE ONE CAPSULE TWICE DAILY		
Rx # 162411	TETRACYCLINE HCL 500 MG CAP	#60
Ord.Date 01/23/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE ONE TABLET TWICE DAILY		
Rx # 162412	RANITIDINE 150 MG TAB	#60
Ord.Date 01/23/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (0)Refills
PUT 2 DROPS IN AFFECTED EARS THREE TIMES DAILY		
Rx # 162413	CARBAMIDE PEROXIDE 6.5% OTIC	#1
Ord.Date 01/23/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE TWO TABLETS TWICE DAILY AS NEEDED		
Rx # 162414	ACETAMINOPHEN 500 MG TAB	#30
Ord.Date 05/21/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (0)Refills
TAKE 1 TABLET 2 TIMES DAILY UNTIL ALL TABLETS ARE GONE. DO NOT SKIP DOSES. **ANTIBIOTIC**		
Rx # 167742	SULFAMETH/TRIMETH DS 800MG/160MG TAB	#20
Ord.Date 05/21/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
SHAKE WELL: TAKE 2 PUFFS 4 TIMES DAILY.		
Rx # 167743	ALBUTEROL INH 90MCG 17GM	#1
Ord.Date 05/24/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE ONE CAPSULE TWICE DAILY		
Rx # 167747	TETRACYCLINE HCL 500 MG CAP	#60
Ord.Date 05/24/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE ONE TABLET TWICE DAILY		
Rx # 167748	RANITIDINE 150 MG TAB	#60
Ord.Date 05/24/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE ONE TABLET TWICE DAILY		
Rx # 167749	ACETAMINOPHEN 500 MG TAB	#30

Ord.Date 08/06/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED		
Rx # 171265	ALBUTEROL INH 90MCG 17GM	#1
Ord.Date 08/17/04	MUSICK, DONALD L 10924-052	S. LABRUZZI (3)Refills
APPLY VERY SMALL AMOUNT TO AFFECTED AREAS OF LOWER LEGS 4 TIMES DAILY AS NEEDED FOR ITCHING.		
Rx # 171815	HYDROCORTISONE CREAM 1% GM	#1
Ord.Date 08/17/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (0)Refills
TAKE 1 TABLET 3 TIMES DAILY FOR 10 DAYS. DO NOT SKIP DOSES.		
Rx # 171816	AMOXICILLIN/CLAV 500/125MG TAB	#30
Ord.Date 08/17/04	MOSHIER, DONALD L 10924-052	S. LABRUZZI (0)Refills
SHAKE WELL: PLACE 4 DROPS INTO YOUR RIGHT EAR 4 TIMES DAILY.		
Rx # 171817	NEOMYCIN/POLY B/HC Otic SUSP ML	#1
Ord.Date 08/17/04	MOSHIER, DONALD L 10924-052	S. LABRUZZI (0)Refills
SHAKE WELL: APPLY TO AREA & LATHER WITH SMALL AMOUNT OF WATER. LEAVE ON SKIN X 10 MINUTES. RINSE THOROUGHLY. REPEAT ONCE DAILY.		
Rx # 171818	SELENIUM SULFIDE LOTION 2.5% ML	#1
Ord.Date 08/19/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE ONE CAPSULE TWICE DAILY		
Rx # 171990	TETRACYCLINE HCL 500 MG CAP	#60
Ord.Date 08/19/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
TAKE ONE TABLET TWICE DAILY		
Rx # 171991	RANITIDINE 150 MG TAB	#60
Ord.Date 08/19/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED		
Rx # 171993	ALBUTEROL INH 90MCG 17GM	#1
Ord.Date 08/19/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (4)Refills
TAKE TWO TABLETS TWICE DAILY		
Rx # 171992	ACETAMINOPHEN 500 MG TAB	#30

MOSHIER, DONALD L
10924-052
MCKEAN HOUSING FACILITY - A04-
01/23/2004

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Ord.Date 09/24/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (8)Refills	Ord.Date 11/12/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 12/22/04	TAKE 15ML (1 TABLESPOONFUL) TWICE DAILY		Exp.Date 02/09/05	APPLY TO AFFECTED AREA TWO TIMES A DAY		Exp.Date 03/21/05	TAKE ONE CAPSULE EACH DAY	
Rx # 173599	LACTULOSE 10GM/15ML ML	#1	Rx # 175860	HYDROCORTISONE 1% CRM	#1	Rx # 177628	OMEPRAZOLE 20MG CAP	
Ord.Date 09/28/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 11/12/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 12/26/04	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED		Exp.Date 02/09/05	TAKE ONE TABLET EACH DAY		Exp.Date 03/21/05	TAKE ONE CAPSULE TWICE DAILY	
Rx # 173738	ALBUTEROL INH 90MCG 17GM	#1	Rx # 175859	RABEPRAZOLE 20MG TAB	#30	Rx # 177629	DOXYCYCLINE 100 MG CAP	
Ord.Date 10/06/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (3)Refills	Ord.Date 11/12/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (8)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 01/06/05	TAKE THREE CAPSULES TWICE DAILY		Exp.Date 02/09/05	TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY		Exp.Date 03/21/05	TAKE ONE CAPSULE TWICE DAILY	
Rx # 174355	RIBAVIRIN 200MG CAP	#0 1930	Rx # 175861	LACTULOSE 10GM/15ML ML	#1	Rx # 177630	ALBUTEROL INH 90MCG 17GM	
Ord.Date 10/08/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (13)Refills	Ord.Date 11/12/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 01/06/05	INJECT IM 180 MCG SC WEEKLY		Exp.Date 02/09/05	TAKE ONE CAPSULE TWICE DAILY		Exp.Date 03/21/05	TAKE ONE CAPSULE TWICE DAILY	
Rx # 174354	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #0		Rx # 175858	DOXYCYCLINE 100 MG CAP	#60	Rx # 177631	LACTULOSE 10GM/15ML ML	
Ord.Date 10/20/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (3)Refills	Ord.Date 11/12/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 02/16/05	TAKE ONE CAPSULE TWICE DAILY		Exp.Date 02/09/05	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED		Exp.Date 03/21/05	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
Rx # 174776	TETRACYCLINE HCL 500 MG CAP	#60	Rx # 175857	ALBUTEROL INH 90MCG 17GM	#1	Rx # 177632	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Ord.Date 10/20/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 11/12/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (11)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 01/17/05	TAKE ONE TABLET TWICE DAILY		Exp.Date 02/09/05	INJECT IM 180 MCG SC WEEKLY		Exp.Date 03/21/05	INJECT IM 180 MCG SC WEEKLY	
Rx # 174777	RANITIDINE 150 MG TAB	#60	Rx # 175856	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1		Rx # 177633	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Ord.Date 10/20/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 11/12/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 01/17/05	TAKE TWO TABLETS TWICE DAILY AS NEEDED		Exp.Date 02/09/05	TAKE THREE CAPSULES TWICE DAILY		Exp.Date 03/21/05	TAKE THREE CAPSULES TWICE DAILY	
Rx # 174778	ACETAMINOPHEN 500 MG TAB	#30	Rx # 175855	RIBAVIRIN 200MG CAP	#180 1930	Rx # 177634	ACETAMINOPHEN 500 MG TAB	#30
Ord.Date 11/24/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills	Ord.Date 11/30/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (6)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 02/21/05	INJECT IM 90 MCG SC WEEKLY ***DOSE DECREASE TO 0.5 CC***		Exp.Date 02/27/05	TAKE TWO TABLETS TWICE DAILY		Exp.Date 03/21/05	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
Rx # 176485	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1		Rx # 176617	ACETAMINOPHEN 500 MG TAB	#30	Rx # 177635	ACETAMINOPHEN 500 MG TAB	#28
Ord.Date 11/24/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 12/17/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (6)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 02/21/05	TAKE ONE CAPSULE EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE DECREASE**		Exp.Date 03/16/05	TAKE TWO TABLETS TWICE DAILY		Exp.Date 03/21/05	TAKE ONE TABLESPOONFUL (15ML) TWICE DAILY	
Rx # 176486	RIBAVIRIN 200MG CAP	#90 1930	Rx # 177379	ACETAMINOPHEN 500 MG TAB	#28	Rx # 177636	LACTULOSE 10GM/15ML ML	#1
Ord.Date 11/24/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (6)Refills	Ord.Date 12/22/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 02/21/05	APPLY TO AFFECTED AREA TWO TIMES A DAY		Exp.Date 03/21/05	TAKE 1 TABLESPOONFUL (15ML) TWICE DAILY		Exp.Date 03/21/05	TAKE 1 TABLESPOONFUL (15ML) TWICE DAILY	
Rx # 176487	BACITRACIN OINT	#1	Rx # 177631	LACTULOSE 10GM/15ML ML	#1	Rx # 177637	ACETAMINOPHEN 500 MG TAB	#30

000210

Facility: MCKEAN HOUSING FACILITY (MICKY)

Medication Administration Record

Month/Year: 12/2004

Facility: MCLEAN HOUSING FACILITY (MCK)

Medication Administration Record

Order Date 10/08/04	Prescribers MOSHIER, DONALD L 10924-052
Exp. Date 01/05/05	BEAM,MD TAKE THREE CAPSULES TWICE DAILY

RIBAVIRIN 200MG CAP

Exp. Date

RX #

Order Date _____
Exp. Date _____

Filed 10/12/2007

53-10

Document 53-10

Case 1:05-cv-00180-SJM-SPB

Medication Summary Sheet

Ord.Date 05/12/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 06/10/03		
Rx # 148006	SALINE NASAL SPRAY	#1
INHALE 2 PUFFS IN EACH NOSTRIL 4 TIMES A DAY AND AS NEEDED		
Ord.Date 05/12/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 05/31/03		
Rx # 148005	IBUPROFEN 800 MG TAB	#10
Ord.Date 05/12/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 06/31/03		
Rx # 148004	TRIPLORIDINE/PSEUDOPHENEDRINE 2.5MG / 60MG TAB	#10
Ord.Date 05/27/03	MOSHIER, DONALD L 10924-052	B. SAYLOR (0)Refills
Exp.Date 06/25/03		
Rx # 148812	CHLORPHENIRAMINE 4 MG TAB	#21
Ord.Date 05/27/03	MOSHIER, DONALD L 10924-052	B. SAYLOR (0)Refills
Exp.Date 06/25/03		
Rx # 148813	ACETAMINOPHEN 325 MG TAB	#20
Ord.Date 05/27/03	MOSHIER, DONALD L 10924-052	B. SAYLOR (0)Refills
Exp.Date 06/09/03		
Rx # 148814	AMOXICILLIN 500 MG CAP	#30
Ord.Date 06/13/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (0)Refills
Exp.Date 07/11/03		
Rx # 149676	TRIPLOR/PSEUDO 2.5/60MG TAB	#20
Ord.Date 06/13/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (1)Refills
Exp.Date 08/11/03		
Rx # 149675	IBUPROFEN 400 MG TAB	#30
Ord.Date 06/13/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (2)Refills
Exp.Date 09/10/03		
Rx # 149674	BISMUTH SUBSAL 262MG/15ML SUSP	#1
Ord.Date 09/02/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 10/01/03		
Rx # 154174	TAKE ONE TABLET THREE TIMES DAILY AS NEEDED	
Rx # 154174	IBUPROFEN 800 MG TAB	#28

Ord.Date 06/13/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (1)Refills
Exp.Date 07/21/03		
Rx # 149673	AMOXICILLIN 500 MG CAP	#21
TAKE ONE CAPSULE 3 TIMES A DAY FOR 14 DAYS		
Ord.Date 06/13/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (0)Refills
Exp.Date 07/12/03		
Rx # 149672	ALBUTEROL INHALER 17 GM	#1
Ord.Date 06/23/03	MOSHIER, DONALD L 10924-052	J. GLENN (0)Refills
Exp.Date 07/09/03		
Rx # 150142	TRIPLOR/PSEUDO 2.5/60MG TAB	#15
Ord.Date 06/23/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (3)Refills
Exp.Date 09/10/03		
Rx # 150190	TETRACYCLINE HCL 500 MG CAP	#30
Ord.Date 07/22/03	MOSHIER, DONALD L 10924-052	E. ASP (2)Refills
Exp.Date 08/04/03		
Rx # 151839	RANITIDINE 150 MG TAB	#20
Ord.Date 07/22/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 07/31/03		
Rx # 151840	GUAIFENESIN LA 600MG TAB	#14
Ord.Date 07/22/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 07/26/03		
Rx # 151841	TRIPLORIDINE/PSEUDOPHENEDRINE 2.5MG / 60MG TAB	#16
Ord.Date 09/02/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 09/21/03		
Rx # 154175	CHLORPHENIRAMINE 4 MG TAB	#12
Ord.Date 09/02/03	MOSHIER, DONALD L 10924-052	E. ASP (0)Refills
Exp.Date 09/21/03		
Rx # 154176	TRIPLOR/PSEUDO 2.5/60MG TAB	#15
Ord.Date 09/02/03	MOSHIER, DONALD L 10924-052	E. ASP (3)Refills
Exp.Date 11/30/03		
Rx # 154177	TETRACYCLINE HCL 500 MG CAP	#30

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Ord.Date 09/18/03	MOSHIER, DONALD L 10924-052	B. SAYLOR (0)Refills	Ord.Date 10/14/03	10924-052	NIOW... TAKE ONE TAB AT BEDTIME	#30
Exp.Date 10/17/03	TAKE 2 TABLESPOONFULS (30CC) UP TO FOUR TIMES DAILY AS NEEDED			Exp.Date 01/11/04	Rx # 156643	RANITIDINE 150 MG TAB
Rx # 155162	BISMUTH SUBSAL 262MG/15ML SUSP	#1				
Ord.Date 09/18/03	MOSHIER, DONALD L 10924-052	B. SAYLOR (0)Refills	Ord.Date 10/16/03	MOSHIER, DONALD L 10924-052	H. BEAM, MD (2)Refills	
Exp.Date 10/17/03	TAKE ONE TABLET TWICE DAILY			Exp.Date 01/19/04		
Rx # 155163	GUAIFENESIN LA 600MG TAB	#10	Rx # 156882	ACETAMINOPHEN 500 MG TAB	#30	
Ord.Date 09/18/03	MOSHIER, DONALD L 10924-052	B. SAYLOR (0)Refills	Ord.Date 11/21/03	MOSHIER, DONALD L 10924-052	J. GLENN (0)Refills	
Exp.Date 10/17/03	TAKE TWO TABLETS FOUR TIMES DAILY AS NEEDED			Exp.Date 12/04/03	TAKE ONE CAPSULE 3 TIMES A DAY FOR 10 DAYS	
Rx # 155164	ACETAMINOPHEN 500 MG TAB	#20	Rx # 158940	AMOXICILLIN 600 MG CAP	#30	
Ord.Date 09/30/03	MOSHIER, DONALD L 10924-052	J. GLENN (0)Refills	Ord.Date 11/21/03	MOSHIER, DONALD L 10924-052	J. GLENN (0)Refills	S. LABROZZI (0)Refills
Exp.Date 10/19/03	TAKE ONE TABLET THREE TIMES DAILY FOR 5 DAYS			Exp.Date 11/21/03	TAKE ONE TABLET THREE TIMES DAILY FOR 5 DAYS	
Rx # 155712	TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB	#15	Rx # 158963	TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB	#15	
Ord.Date 09/30/03	MOSHIER, DONALD L 10924-052	J. GLENN (1)Refills	Ord.Date 11/21/03	MOSHIER, DONALD L 10924-052	J. GLENN (0)Refills	
Exp.Date 11/20/03	TAKE ONE OR TWO TABLETS THREE TIMES DAILY WITH FOOD AS NEEDED			Exp.Date 12/20/03	TAKE 2 TABLESPOONFULS (30CC) THREE TIMES DAILY AS NEEDED	
Rx # 155713	IBUPROFEN 400 MG TAB	#20	Rx # 158964	BISMUTH SUBSAL 262MG/15ML SUSP	#1	
Ord.Date 09/30/03	MOSHIER, DONALD L 10924-052	J. GLENN (0)Refills	Ord.Date 12/01/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (0)Refills	
Exp.Date 10/19/03	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED			Exp.Date 12/14/03	TAKE ONE TABLET FOUR TIMES DAILY FOR 10 DAYS	
Rx # 155714	ALBUTEROL INH 80MCG 17GM	#1	Rx # 159403	ERYTHROMYCIN DELAYED RELEASE 600 MG TAB	#40	
Ord.Date 09/30/03	MOSHIER, DONALD L 10924-052	J. GLENN (0)Refills	Ord.Date 12/01/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (3)Refills	
Exp.Date 10/19/03	TAKE ONE CAPSULE THREE TIMES DAILY FOR 10 DAYS			Exp.Date 02/28/04	TAKE TWO TABLETS FOUR TIMES DAILY AS NEEDED FOR PAIN	
Rx # 155715	AMOXICILLIN 500 MG CAP	#30	Rx # 159404	ACETAMINOPHEN 500 MG TAB	#40	
Ord.Date 10/10/03	MOSHIER, DONALD L 10924-052	R. PIOTROWSKI (0)Refills	Ord.Date 12/01/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (0)Refills	
Exp.Date 10/21/03	TAKE ONE CAPSULE THREE TIMES DAILY UNTIL FINISHED			Exp.Date 12/10/03	TAKE ONE TABLET TWICE DAILY WITH PLENTY OF WATER	
Rx # 56495	AMOXICILLIN 500 MG CAP	#30	Rx # 159405	GUAIFEN/DEXTROROTARY 600/30MG TAB	#14	
Ord.Date 10/10/03	MOSHIER, DONALD L 10924-052	R. PIOTROWSKI (0)Refills	Ord.Date 12/01/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (2)Refills	
Exp.Date 10/16/03	TAKE ONE TABLET FOUR TIMES DAILY **MAY CAUSE DROWSINESS**			Exp.Date 02/28/04	TAKE 2 TABLESPOONFULS FOUR TIMES DAILY AS NEEDED FOR NAUSEA & VOMITING	
Rx # 156496	TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB	#20	Rx # 159406	BISMUTH SUBSAL 262MG/15ML SUSP	#1	
Ord.Date 10/10/03	MOSHIER, DONALD L 10924-052	R. PIOTROWSKI (0)Refills	Ord.Date 12/04/03	MOSHIER, DONALD L 10924-052	S. LABROZZI (0)Refills	
Exp.Date 10/20/03	TAKE 1-2 TABLETS THREE TIMES DAILY AS NEEDED WITH FOOD			Exp.Date 12/10/03	TAKE ONE TABLET FOUR TIMES DAILY **MAY CAUSE DROWSINESS**	
Rx # 156497	IBUPROFEN 400 MG TAB	#20	Rx # 159713	TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB	#20	

000215

FCI MCKEAN PHARMACY

133685 B. SAYLOR 08/04/02
 MOSHIER, DONALD L 10924-052
 MCKEAN HOUSING FACILITY - Z07-210U
 5-7 DROPS IN AFFECTED EAR EACH
 DAY FOR 4 DAYS

CARBAMIDE PEROXIDE 6.5% OTIC #1
 (0)Refills 08/04/2002 CDM RxExp 08/07/02

CAUTION: Federal/State law prohibits transfer of this drug
 to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

135396 G. FAIRBANK 09/09/02
 MOSHIER, DONALD L 10924-052
 MCKEAN HOUSING FACILITY - Z07-210U
 INSTILL 2-3 DROPS IN THE LEFT EAR
 THREE TIMES DAILY **SHAKE WELL**

NEOMYCIN/POLY B/HC OTIC SUSP. ML #1
 (0)Refills 09/09/2002 CDM RxExp 09/28/02

CAUTION: Federal/State law prohibits transfer of this drug
 to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

135420 G. FAIRBANK 09/09/02
 MOSHIER, DONALD L 10924-052
 MCKEAN HOUSING FACILITY - Z07-210U
 TAKE ONE TABLET 3 TIMES A DAY AS
 NEEDED **WITH FOOD**

IBUPROFEN 800 MG TAB #21
 (1)Refills 09/09/2002 VG RxExp 11/07/02

CAUTION: Federal/State law prohibits transfer of this drug
 to any person other than patient for whom prescribed.

Ord.Date 09/13/02 MOSHIER, DONALD L 10924-052 J. GLENN (0)Refills
 Exp.Date 09/22/02 TAKE ONE CAPSULE THREE TIMES DAILY UNTIL FINISHED Rx# 135660 AMOXICILLIN 500 MG CAP #30

Ord.Date 09/16/02 MOSHIER, DONALD L 10924-052 D. OLSON (0)Refills
 Exp.Date 09/25/02 TAKE ONE TABLET TWICE DAILY U5

Rx# 135726 CIPROFLOXACIN 500 MG TAB #20

Ord.Date 11/19/02 MOSHIER, DONALD L 10924-052 G. FAIRBA (0)Refills
 Exp.Date 12/16/02 TAKE ONE CAPSULE FOUR TIMES DAILY Rx# 139099 CEPHALEXIN 500 MG CAP #40

Ord.Date 11/19/02 MOSHIER, DONALD L 10924-052 G. FAIRBA (2)Refills
 Exp.Date 02/16/03 TAKE ONE TABLET TWICE DAILY Rx# 139100 RANITIDINE 150 MG TAB #20

Ord.Date 11/27/02 MOSHIER, DONALD L 10924-052 J. GLENN (0)Refills
 Exp.Date 12/03/02 TAKE ONE TABLET THREE TIMES DAILY **MAY CAUSE DROWSINESS** Rx# 139530 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB

Ord.Date 11/27/02 MOSHIER, DONALD L 10924-052 J. GLENN (0)Refills
 Exp.Date 12/03/02 TAKE ONE TABLET TWICE DAILY UNTIL FINISHED Rx# 139531 GUAIFENESIN LA 600MG TAB #14

Ord.Date 11/27/02 MOSHIER, DONALD L 10924-052 J. GLENN (0)Refills
 Exp.Date 12/16/02 TAKE TWO TABLETS EVERY EIGHT HOURS AS NEEDED Rx# 139532 ACETAMINOPHEN 500 MG CAPL #30

Ord.Date 12/09/02 MOSHIER, DONALD L 10924-052 G. FAIRBANKS (0)Refills
 Exp.Date 01/07/03 TAKE ONE CAPSULE FOUR TIMES DAILY Rx# 139999 TETRACYCLINE HCL 250 MG CAP #40

Ord.Date 12/09/02 MOSHIER, DONALD L 10924-052 G. FAIRBANKS (0)Refills
 Exp.Date 01/07/03 TAKE ONE TABLET TWICE DAILY Rx# 140000 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #10

Ord.Date 02/03/03 MOSHIER, DONALD L 10924-052 J. GLENN (0)Refills
 Exp.Date 02/07/03 TAKE ONE TABLET THREE TIMES DAILY **MAY CAUSE DROWSINESS** Rx# 142371 TRIPROL/PSEUDO 2.5/60MG TAB #15

Ord.Date 02/03/03 MOSHIER, DONALD L 10924-052 J. GLENN (0)Refills
 Exp.Date 03/04/03 2 SQUIRTS IN EACH NOSTRIL FOUR TIMES DAILY AS NEEDED Rx# 142372 SODIUM CHLORIDE NASAL 0.65% ML #1

Ord.Date 02/03/03 MOSHIER, DONALD L 10924-052 J. GLENN (0)Refills
 Exp.Date 02/22/03 TAKE TWO TABLETS EVERY EIGHT HOURS AS NEEDED Rx# 142373 ACETAMINOPHEN 500 MG CAPL #30

000216

Ord.Date MOSHIER, DONALD L. J. GLENN
02/18/03 10924-052 (0)Refills
Exp.Date TAKE TWO CAPSULES (500MG) THREE
02/27/03 TIMES DAILY UNTIL FINISHED

Rx # 143182 AMOXICILLIN 250 MG CAP #60

Ord.Date MOSHIER, DONALD L. J. GLENN
02/18/03 10924-052 (0)Refills
Exp.Date TAKE ONE TABLET THREE TIMES DAILY
02/22/03 **MAY CAUSE DROWSINESS**

Rx # 143183 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15

Ord.Date MOSHIER, DONALD L. J. GLENN
02/18/03 10924-052 (0)Refills
Exp.Date TAKE TWO TABLETS EVERY EIGHT
03/09/03 HOURS AS NEEDED

Rx # 143184 ACETAMINOPHEN 500 MG CAPL #30

Ord.Date MOSHIER, DONALD L. S. LABROZZI
03/12/03 10924-052 (0)Refills
Exp.Date TAKE TWO TABLETS TWICE DAILY FOR
03/31/03 COUGH & CHEST CONGESTION WITH
PLENTY INTAKE

Rx # 144519 GUAIFEN/DEXTROMETH 600MG/30MG TAB #20

Ord.Date MOSHIER, DONALD L. S. LABROZZI
03/12/03 10924-052 (1)Refills
Exp.Date MASSAGE 1 TO 2 TEASPOONFULS INTO
06/09/03 WET SCALP. RINSE AFTER 3 MIN.
REPEAT 3 TIMES A WEEK

Rx # 144520 SELENIUM SULF LOT 2.5% LOT #1

Ord.Date MOSHIER, DONALD L. S. LABROZZI
03/12/03 10924-052 (0)Refills
Exp.Date TAKE ONE TABLET TWICE DAILY FOR
03/26/03 10 DAYS FOR SINUSITIS

Rx # 144515 SULFAMETH/TRIMETH DS 800MG/160MG TAB #20

Ord.Date MOSHIER, DONALD L. S. LABROZZI
03/12/03 10924-052 (1)Refills
Exp.Date TAKE ONE TABLET EVERY FOUR
06/09/03 HOURS AS NEEDED FOR PAIN,
HEADACHE

Rx # 144518 IBUPROFEN 400 MG TAB #30

Ord.Date MOSHIER, DONALD L. S. LABROZZI
03/12/03 10924-052 (3)Refills
Exp.Date TAKE ONE CAPSULE TWICE DAILY ON
06/09/03 EMPTY STOMACH BEGINNING MARCH
21 AFTER FINISHING BACTRIM

Rx # 144516 TETRACYCLINE HCL 500 MG CAP. #30

Ord.Date MOSHIER, DONALD L. S. LABROZZI
03/12/03 10924-052 (0)Refills
Exp.Date TAKE ONE TABLET FOUR TIMES DAILY
03/31/03 AS NEEDED FOR CONGESTION & FOR
COLD SYMPTOMS

Rx # 144517 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20

000217

668.060
J 99

ASTHMA FLOW SHEET

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

	Date > 12.31.2006							
Staging of asthma severity. Symptom scoring to determine step; see below.	Wheeze	3						
	Cough	1						
	Activity	2						
	Night Sx	3						
	STEP	2						
Best = ml	Current Peak Flow							
		650						
Meds: enter current dose (e.g. 2 puffs QID).	Beta-2 Agonist							
	Aerosol 1/4 puffs qid							
	Inhaled Steroid							
	Theophylline							
	Oral Steroid							
<u>Others:</u>								
	Smoking (cigs/day)	0	0					
	Comments							
	Provider Initials	Mjt						

History since last visit

Wheeze: | 0 = None | 1 = < twice/week | 2 = > twice/week | 3 = daily|Cough: | 0 = None | 1 = occasional | 2 = frequent | 3 = continuous|Activity: | 0 = Normal | 1 = can run short dist.. climb 3 flights of stairs | 2 = walk only | 3 = sx at rest|Night symptoms: | 0 = < 2 times/month | 1 = > 2 times/month | 2 = > 1 time/week | 3 = frequent|

Key to Comments:

- H = Hospitalized this visit
- I = Intensive tx for acute episode (e.g. IV steroids, w/o hospitalization)
- E/I = Educated re: inhaler technique
- E/S = Educated re: smoking cessation
- E/M = Educated re: use of med
- E/C = Educated re: med compliance
- E/A = Educated re: all above

Name:	<u>MOSHLER, DONALD</u>
Reg No:	<u>10924 - 052</u>
Date of Birth:	<u>10/06/1961</u>
Institution:	<u>USP LEWISBURG HEALTH SERVICES UNIT LEWISBURG, PA 17837</u>

000218

BP-S620.060 PATIENT PROBLEM LIST CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

PROBLEM LIST

DATE NOTED	SIGNIFICANT DIAGNOSES	SIGNIFICANT OPERATIONS/ INVASIVE PROCEDURES	DATE
	Axis I		
	II		
9/16/03	Th (Hypc +) Hep B + Low back pain	→ Cirrhosis + abd chf + SP Appendectomy (1998-1999) Bordetella/Diphtheria	SP cholesterol for grav rev. old blood
3/26/04	GPT21		Asthma
3/26/04	Venous Dufficiency		
3/26/04	Lipomas		
	Bordet		
12/21/04	Cerv Level II		

3/26/04 MILD P Food & Environment	ADVERSE / ALLERGIC DRUG REACTIONS (If none, record "No Known Drug Allergies")
	DR DR

Patient Identification
(Name, Reg #, DOB)

(This form may be replicated via WP)

Donald Moshier

1991-05-2

01-8767

000219

PATIENT PROBLEM LIST

PROBLEM LIST

NO known drug allerg

ADVERSE / ALLERGIC DRUG REACTION

(If none, record "No Known Drug Allergies)

NAME _____

MOSHIER JR. DONALD

PATIENT IDENTIFICATION

Date Of Birth	Sex	Institution	Date Of Photo
8/18/1961	M	BRO	5/22/2002

Name : _____

Height **Weight**

Register Number:

Custody / QTR Spec. Com

DOI

CCC / CSW

CCC / CSW

DOB _____ CCC / CSW _____ WRK _____



REGISTER NUMBER
10924-052

000220

DOJ Patient-focused Function

BOP

Care of Patients
Pharmacy Service



HEALTH SERVICES DEPARTMENT
USP LEWISBURG

<table border="1"> <tr> <td>Ord.Date 05/02/06</td><td>MOSHIER, DONALD L 10924-052</td><td>J. GERARGI (17)Refills</td><td style="text-align: right;">6</td></tr> <tr> <td>Exp.Date 10/28/06</td><td colspan="3">TAKE ONE TABLET BY MOUTH TWICE DAILY</td></tr> <tr> <td>Rx # 190743</td><td>NAPROXEN 500 MG TAB</td><td>#20</td><td></td></tr> </table> <p>DATE STARTED:</p> <table border="1"> <tr> <td>Ord.Date 05/02/06</td><td>MOSHIER, DONALD L 10924-052</td><td>J. GERARGI (0)Refills</td><td style="text-align: right;">7</td></tr> <tr> <td>Exp.Date 05/11/06</td><td colspan="3">TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY</td></tr> <tr> <td>Rx # 190744</td><td>CEPHALEXIN 500 MG CAP</td><td>#30</td><td></td></tr> </table> <p>DATE ENDED:</p> <table border="1"> <tr> <td>Ord.Date 05/02/06</td><td>MOSHIER, DONALD L 10924-052</td><td>J. GERARGI (0)Refills</td><td style="text-align: right;">8</td></tr> <tr> <td>Exp.Date 05/11/06</td><td colspan="3">TAKE ONE TABLET BY MOUTH TWICE DAILY</td></tr> <tr> <td>Rx # 190745</td><td>SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB</td><td>#20</td><td></td></tr> </table>	Ord.Date 05/02/06	MOSHIER, DONALD L 10924-052	J. GERARGI (17)Refills	6	Exp.Date 10/28/06	TAKE ONE TABLET BY MOUTH TWICE DAILY			Rx # 190743	NAPROXEN 500 MG TAB	#20		Ord.Date 05/02/06	MOSHIER, DONALD L 10924-052	J. GERARGI (0)Refills	7	Exp.Date 05/11/06	TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY			Rx # 190744	CEPHALEXIN 500 MG CAP	#30		Ord.Date 05/02/06	MOSHIER, DONALD L 10924-052	J. GERARGI (0)Refills	8	Exp.Date 05/11/06	TAKE ONE TABLET BY MOUTH TWICE DAILY			Rx # 190745	SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB	#20		
Ord.Date 05/02/06	MOSHIER, DONALD L 10924-052	J. GERARGI (17)Refills	6																																		
Exp.Date 10/28/06	TAKE ONE TABLET BY MOUTH TWICE DAILY																																				
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Ord.Date 05/02/06	MOSHIER, DONALD L 10924-052	J. GERARGI (0)Refills	7																																		
Exp.Date 05/11/06	TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY																																				
Rx # 190744	CEPHALEXIN 500 MG CAP	#30																																			
Ord.Date 05/02/06	MOSHIER, DONALD L 10924-052	J. GERARGI (0)Refills	8																																		
Exp.Date 05/11/06	TAKE ONE TABLET BY MOUTH TWICE DAILY																																				
Rx # 190745	SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB	#20																																			
			9																																		
			10																																		

INMATE NAME & NUMBER

MOSHIER, DONALD L
10924-052
USP LEWISBURG - A01-105U
05/02/2006

PHARMACY COMMUNICATION SHEET

000221

DOJ Patient-focus Function
 BOP Care of Patients
 Pharmacy Service



MEDICATION PROFILE SHEET
HEALTH SERVICES DEPARTMENT
USP LEWISBURG

<p>1.</p> <p>Ord.Date 01/12/06 MOSHIER, DONALD L M. PEORIA (4)Refills Exp.Date 05/11/06 10924-052 INHALE 2 PUFFS ORALLY 4 TIMES DAILY Rx # 178716 ALBUTEROL 17 GM MDI #0</p> <p>DATE STARTED: 1-12-06</p>	<p>6.</p> <p>Ord.Date 04/04/06 MOSHIER, DONALD L L. RAMIREZ (0)Refills Exp.Date 04/13/06 10924-052 TAKE ONE CAPSULE BY MOUTH FOUR TIMES DAILY Rx # 184097 CEPHALEXIN 500 MG CAP #40</p>
<p>2.</p> <p>Ord.Date 01/12/06 MOSHIER, DONALD L A. BUSSANICH (8)Refills Exp.Date 05/11/06 10924-052 TAKE ONE TABLET TWICE DAILY Rx # 178717 RANITIDINE 150 MG TAB #0</p>	<p>7.</p> <p>Ord.Date 04/04/06 MOSHIER, DONALD L L. RAMIREZ (0)Refills Exp.Date 04/13/06 10924-052 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 184098 SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB #20</p>
<p>3.</p> <p>Ord.Date 01/12/06 MOSHIER, DONALD L A. BUSSANICH (12)Refills Exp.Date 04/11/06 10924-052 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 178718 NAPROXEN 500 MG TABLET 500 MG TAB #0</p>	<p>8.</p> <p>Ord.Date 04/04/06 MOSHIER, DONALD L L. RAMIREZ (0)Refills Exp.Date 04/13/06 10924-052 APPLY TOPICALLY TWICE DAILY Rx # 184099 BACITRACIN/POLY B OINT #1</p>
<p>4.</p> <p>Ord.Date 01/12/06 MOSHIER, DONALD L A. BUSSANICH (0)Refills Exp.Date 01/12/06 10924-052 INSTILL 4 DROPS THREE TIMES DAILY AS DIRECTED Rx # 178719 NEOMYCIN/POLY B/HC OTIC SUSP ML #1</p>	<p>9.</p> <p>Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI (5)Refills Exp.Date 10/28/06 10924-052 2 PUFFS FOUR TIMES DAILY Rx # 190741 ALBUTEROL 17 GM MDI #1</p>
<p>5.</p> <p>Ord.Date 03/09/06 MOSHIER, DONALD L L. RAMIREZ (0)Refills Exp.Date 03/13/06 10924-052 TAKE ONE TABLET BY MOUTH THREE TIMES DAILY Rx # 181972 DICYCLOMINE HCL 20 MG TAB #15</p>	<p>10.</p> <p>Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI (5)Refills Exp.Date 10/28/06 10924-052 TAKE ONE TABLET TWICE DAILY Rx # 190742 RANITIDINE 150 MG TAB #60</p> <p>DATE ENDED:</p>

INMATE NAME & NUMBER

MOSHIER, DONALD L
 10924-052
 USP LEWISBURG - Z01-014LAD
 01/12/2006

000222

DOJ Patient-focused Function

Care of Patients
Pharmacy Service



MEDICATION PROFILE SHEET
HEALTH SERVICES DEPARTMENT
USP LEWISBURG

1: Ord.Date 10/07/05 Exp.Date 11/06/05 Rx # 172157	MOSHIER, DONALD L 10924-052 INHALE 2 PUFFS ORALLY 4 TIMES DAILY ALBUTEROL 17 GM MDI #1	6: Ord.Date 11/28/05 Exp.Date 12/27/05 Rx # 175139	MOSHIER, DONALD L 10924-052 TAKE TWO CAPSULES BY MOUTH EACH DAY DOXYCYCLINE 100 MG CAP #60
2: Ord.Date 10/25/05 Exp.Date 01/22/06 Rx # 173164	MOSHIER, DONALD L 10924-052 TAKE TWO TABLETS BY MOUTH TWICE DAILY RANITIDINE 150 MG TAB #30	7: Ord.Date 11/30/05 Exp.Date 02/27/06 Rx # 175274	MOSHIER, DONALD L 10924-052 TAKE ONE TABLET BY MOUTH TWICE DAILY NAPROXEN 500 MG TABLET 500 MG TAB #20
3: Ord.Date 10/25/05 Exp.Date 01/22/06 Rx # 173165	MOSHIER, DONALD L 10924-052 INHALE 2 PUFFS ORALLY 4 TIMES DAILY ALBUTEROL 17 GM MDI #1	8: Ord.Date 11/30/05 Exp.Date 02/27/06 Rx # 175275	MOSHIER, DONALD L 10924-052 INHALE 2 PUFFS ORALLY 4 TIMES DAILY ALBUTEROL 17 GM MDI #1
4: Ord.Date 10/25/05 Exp.Date 01/22/06 Rx # 173166	MOSHIER, DONALD L 10924-052 TAKE ONE TABLET BY MOUTH TWICE DAILY NAPROXEN 500 MG TABLET 500 MG TAB #20	9: Ord.Date 01/05/06 Exp.Date 04/04/06 Rx # 178219	MOSHIER, DONALD L 10924-052 TAKE TWO CAPSULES BY MOUTH EACH MORNING DOXYCYCLINE 100 MG CAP #60
5: Ord.Date 10/25/05 Exp.Date 11/07/05 Rx # 173167	MOSHIER, DONALD L 10924-052 TAKE TWO CAPSULES BY MOUTH EACH DAY DOXYCYCLINE 100 MG CAP #28	10: _____ DATE ENDED:	

INMATE NAME & NUMBER

MOSHIER, DONALD L
10924-052
USP LEWISBURG - A01-113U
10/07/2005

000223

DOJ Patient-focus Function

BOP

Care of Patients

Pharmacy Service



<p>1: Ord.Date 07/28/05 MOSHIER, DONALD L A. BUSSANICH 10924-052 (0)Refills Exp.Date 10/26/05 APPLY TOPICALLY TWICE DAILY</p> <p>Rx # 167384 BACITRACIN/POLY B OINT #1</p>	<p>6: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (1)Refills Exp.Date 11/06/05 TAKE ONE TABLET TWICE DAILY</p> <p>Rx # 172154 RANITIDINE 150 MG TAB #30</p>
<p>2: Ord.Date 07/28/05 MOSHIER, DONALD L A. BUSSANICH 10924-052 (5)Refills Exp.Date 10/26/05 TAKE ONE CAPSULE TWICE DAILY</p> <p>Rx # 167385 DOXYCYCLINE 100 MG CAP #30</p>	<p>7: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (0)Refills Exp.Date 11/06/05 TAKE ONE TABLET BY MOUTH TWICE DAILY</p> <p>Rx # 172155 NAPROXEN 500 MG TABLET 500 MG TAB #20</p>
<p>3: Ord.Date 08/25/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (0)Refills Exp.Date 09/23/05 TAKE ONE CAPSULE TWICE DAILY</p> <p>Rx # 169233 DOXYCYCLINE 100 MG CAP #60</p>	<p>8: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (2)Refills Exp.Date 11/06/05 TAKE ONE CAPSULE TWICE DAILY</p> <p>Rx # 172156 DOXYCYCLINE 100 MG CAP #20</p>
<p>4: Ord.Date 08/25/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (1)Refills Exp.Date 09/23/05 TAKE ONE TABLET TWICE DAILY</p> <p>Rx # 169232 RANITIDINE 150 MG TAB #30</p>	<p>9: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (1)Refills Exp.Date 11/06/05 TAKE ONE TABLET TWICE DAILY</p> <p>Rx # 172154 RANITIDINE 150 MG TAB #30</p>
<p>5: Ord.Date 08/25/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (2)Refills Exp.Date 11/22/05 TAKE ONE TABLET BY MOUTH TWICE DAILY</p> <p>Rx # 169234 NAPROXEN 500 MG TABLET 500 MG TAB #20</p>	<p>10: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (0)Refills Exp.Date 01/04/06 TAKE ONE TABLET BY MOUTH TWICE DAILY</p> <p>Rx # 172155 NAPROXEN 500 MG TABLET 500 MG TAB #20</p>

DATE ENDED:**INMATE NAME & NUMBER**

MOSHIER, DONALD L
10924-052
USP LEWISBURG - A01-113U
07/28/2005

000224

Medication Summary Sheet

Ord.Date 12/29/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD usu (3)Refills
Exp.Date 03/28/05		
Rx # 177811	TAKE TWO CAPSULES EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE INCREASE** RIBAVIRIN 200MG CAP	#120 1930
Ord.Date 12/29/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
Exp.Date 03/28/05	INJECT IM 135 MCG SC WEEKLY ***DOSE INCREASE TO 0.75 ML***	
Rx # 177812	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ	#1
Ord.Date 12/29/04	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
Exp.Date 03/28/05	APPLY TO AFFECTED AREA TWO TIMES A DAY	
Rx # 177813	BACITRACIN OINT	#1
Ord.Date 02/03/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (3)Refills
Exp.Date 05/03/05	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
Rx # 179198	ALBUTEROL INH 90MCG 17GM	#1
Ord.Date 02/03/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
Exp.Date 05/03/05	INJECT 180 MCG WEEKLY *DOSE INCREASE**	
Rx # 179194	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ	#1
Ord.Date 02/03/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 05/03/05	TAKE ONE CAPSULE EACH DAY	
Rx # 179195	OMEPRAZOLE 20MG CAP	#7
Ord.Date 02/03/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 05/03/05	TAKE ONE CAPSULE TWICE DAILY	
Rx # 179196	DOXYCYCLINE 100 MG CAP	#14
Ord.Date 02/03/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 05/03/05	TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY	
Rx # 179197	LACTULOSE 10GM/15ML ML	#1
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (1)Refills
Exp.Date 05/10/05	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
Rx # 179526	ALBUTEROL INH 90MCG 17GM	#1

Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (8)Refills
Exp.Date 05/10/05		
Rx # 179527	TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY	LACTULOSE 10GM/15ML ML #1
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
Exp.Date 05/10/05	TAKE ONE CAPSULE EACH DAY	
Rx # 179529	OMEPPRAZOLE 20MG CAP	#30
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
Exp.Date 05/10/05	INJECT 180 MCG WEEKLY	
Rx # 179530	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ	#1
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (4)Refills
Exp.Date 05/10/05	APPLY TO AFFECTED AREA TWO TIMES A DAY	
Rx # 179531	HYDROCORTISONE 1% CRM	#1
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD usu (4)Refills
Exp.Date 05/10/05	TAKE THREE CAPSULES TWICE DAILY	
Rx # 179532	RIBAVIRIN 200MG CAP	#180 1930
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
Exp.Date 05/10/05	TAKE TWO TABLETS TWICE DAILY	
Rx # 179533	ACETAMINOPHEN 500 MG TAB	#30
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (4)Refills
Exp.Date 05/10/05	APPLY TO AFFECTED AREA TWO TIMES A DAY (BODY)	
Rx # 179534	BETAMETHASONE VAL 0.1 % OINT	#1
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (2)Refills
Exp.Date 05/10/05	TAKE ONE CAPSULE TWICE DAILY	
Rx # 179528	DOXYCYCLINE 100 MG CAP	#60
Ord.Date 02/10/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (4)Refills
Exp.Date 05/10/05	APPLY TO AFFECTED AREA TWO TIMES A DAY	
Rx # 179535	BACITRACIN OINT	#1
Ord.Date 03/03/05	MOSHIER, DONALD L 10924-052	H. BEAM,MD (12)Refills
Exp.Date 05/31/05	TAKE TWO TABLETS BY MOUTH TWICE DAILY AS DIRECTED	
Rx # 180377	ACETAMINOPHEN 500 MG TAB	#30

MOSHIER, DONALD L
10924-052
MCKEAN HOUSING FACILITY - A04
11/24/2004

FCI
McKean

000225

Ord.Date 06/14/05 10924-052 (0)Refills
Exp.Date 07/13/05 INHALE 2 PUFFS EVERY SIX HOURS AS NEEDED

Rx# 184719 ALBUTEROL 17 GM MDI #1

Ord.Date 06/14/05 MUSHIER, DONALD L D. OLSON
Exp.Date 06/28/05 10924-052 (0)Refills
Rx# 184720 TAKE ONE TABLET TWICE DAILY AT 7AM AND 7PM

Ord.Date 06/14/05 MUSHIER, DONALD L D. OLSON
Exp.Date 06/28/05 10924-052 (0)Refills
Rx# 184721 TAKE 1 TABLESPOONFUL TWICE DAILY AT 7AM AND 7PM
LACTULOSE 10GM/15ML ML #1

Ord.Date 06/28/05 MOSHIER, DONALD L I. NAVARRO
Exp.Date 07/27/05 10924-052 (1)Refills
Rx# 165559 TAKE ONE TABLET TWICE DAILY

Ord.Date 06/28/05 MOSHIER, DONALD L I. NAVARRO
Exp.Date 07/27/05 10924-052 (0)Refills
Rx# 165560 DOXYCYCLINE 100 MG CAP #60
TAKE ONE CAPSULE TWICE DAILY

Ord.Date 06/28/05 MOSHIER, DONALD L I. NAVARRO
Exp.Date 07/27/05 10924-052 (0)Refills
Rx# 165561 INHALE 2 PUFFS ORALLY 4 TIMES DAILY

Ord.Date 06/28/05 MOSHIER, DONALD L I. NAVARRO
Exp.Date 09/26/05 10924-052 (2)Refills
Rx# 165562 TAKE ONE TABLET BY MOUTH TWICE DAILY

NAPROXEN 500 MG TABLET 500 MG TAB #20
165562

000226

Medication Summary Sheet

Ord.Date <u>01/12/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>04/11/05</u>	10924-052	(11)Refills INJECT IM 135 MCG SC WEEKLY ****DOSE INCREASE TO 075 ML***
Rx # 178395	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1	
Ord.Date <u>01/12/05</u>	MOSHIER, DONALD L	H. BEAM,MD <u>ubuu</u>
Exp.Date <u>04/11/05</u>	10924-052	(4)Refills TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**
Rx # 178396	RIBAVIRIN 200MG CAP	#180 <u>1930</u>
Ord.Date <u>01/12/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>04/11/05</u>	10924-052	(2)Refills APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 178397	HYDROCORTISONE 1% CRM	#1
Ord.Date <u>04/01/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>05/10/05</u>	10924-052	(2)Refills APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 181474	BETAMETHASONE VAL 0.1 % OINT	#1
Ord.Date <u>04/18/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>05/01/05</u>	10924-052	(0)Refills TAKE ONE TABLET THREE TIMES DAILY
Rx # 182226	AMOXICILLIN/CLAV 500/125MG TAB	#30
Ord.Date <u>04/28/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>06/11/05</u>	10924-052	(2)Refills APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 182790	BACITRACIN OINT	#1
Ord.Date <u>04/28/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>06/11/05</u>	10924-052	(2)Refills APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 182791	BETAMETHASONE VAL 0.1 % OINT	#1
Ord.Date <u>04/28/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>06/11/05</u>	10924-052	(2)Refills APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 182792	HYDROCORTISONE 1% CRM	#1
Ord.Date <u>04/28/05</u>	MOSHIER, DONALD L	H. BEAM,MD
Exp.Date <u>07/26/05</u>	10924-052	(3)Refills TAKE 1 TABLESPOONFUL TWICE DAILY
Rx # 182793	LACTULOSE 10GM/5ML ML	#0

MOSHIER, DONALD L
10924-052
MCKEAN-HOUSING-FACILITY-A04
01/12/2005

FCI
McKean

000227

Ord.Date
04/27/05Exp.Date
07/26/05

MOSHIER, DONALD L
10924-052 H. BEAM,MD
INHALE 2 PUFFS FOUR TIMES DAILY AS
NEEDED

H. BEAM,MD
(3)Refills

Rx #

182764

ALBUTEROL INH 90MCG 17GM #1
MOSHIER, DONALD L H. BEAM,MD
10924-052 (12)Refills
TAKE ONE TABLET TWICE DAILY

Ord.Date
04/27/05Exp.Date
07/26/05Rx #
182765

RANITIDINE 150 MG TAB #14

Ord.Date
04/27/05Exp.Date
07/26/05

MOSHIER, DONALD L H. BEAM,MD
10924-052 (2)Refills
TAKE TWO TABLETS TWICE DAILY AS
NEEDED

Rx #
182766

ACETAMINOPHEN 500 MG TAB #28

Ord.Date
04/27/05Exp.Date
04/29/05

MOSHIER, DONALD L H. BEAM,MD
10924-052 (0)Refills
TAKE TWO TABLETS TWICE DAILY FOR
3 DAYS AS NEEDED FOR PAIN #13c

Rx #
600384

APAP/CODEINE 300/30 MG UD #12 193c

Ord.Date
04/29/05Exp.Date
05/06/05

MOSHIER, DONALD L H. BEAM,MD 0600
10924-052 (0)Refills
TAKE TWO TABLETS THREE TIMES
DAILY FOR 5 DAYS #13d

Rx #
600385

APAP/CODEINE 300/30 MG UD #30 1930

Ord.Date
05/27/05Exp.Date
08/24/05

MOSHIER, DONALD L
10924-052

H. BEAM,MD
(3)Refills
APPLY TO AFFECTED AREA TWO TIMES
A DAY

Rx #
184084

BACITRACIN OINTMENT

Ord.Date
05/27/05Exp.Date
08/24/05

MOSHIER, DONALD L
10924-052

H. BEAM,MD
(3)Refills
APPLY TO AFFECTED AREA TWO TIMES
A DAY (30GM)

Rx #
184085

BETAMETHASONE VAL 0.1 % OINT #2

Ord.Date
05/27/05Exp.Date
08/24/05

MOSHIER, DONALD L
10924-052

H. BEAM,MD
(6)Refills
TAKE TWO TABLETS TWICE DAILY AS
NEEDED

Rx #
184086

ACETAMINOPHEN 500 MG TAB #28

Ord.Date
05/27/05Exp.Date
08/24/05

MOSHIER, DONALD L
10924-052

H. BEAM,MD
(8)Refills
TAKE 1 TABLESPOONFUL (15ML) TWICE
DAILY AS DIRECTED

Rx #
184087

LACTULOSE 10GM/15ML ML. #1

000228

U.S. DEPARTMENT OF JUSTICE

IMMUNIZATION RECORD

BP-S619.060 CDFRM

AUG 96

FEDERAL BUREAU OF PRISONS

TUBERCULIN TESTS

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY
7-14-01			10-31-01	Dorsum				Oxo	
7-10-02	Ayntis	0942AB	3-16-01	0.6g	0.16S	Fishbone	7/12/02	Oxom	
7/20/02	Fact.	08326	9/03	0.6g	0.16S	Ward's	3-10-03	green	
6-29-04	fact.	00154P	8/05	LFA	0.16	MCK	7/1/04	b	
6-16-05	Burdal	004N4P	8/06	LFA	0.16 (0.16NSPECE)	Gelus	7/1/05	orange	

000229

HEPATITIS VACCINE

INFLUENZA VACCINE

OTHER (MMR, Polio, etc)

Patient Identification
(Name, Reg #)

000230

TETANUS TOXOIDS

TUBERCULIN TEST

Patient Identification

NAME MOSHIER JR. DONALD			
Date Of Birth 8/18/1961	Sex M	Institution BRO	Date Of Photo 5/22/2002
Height 601	Weight 260	Hair Color BD	Eye Color BL
Custody/LQTR _____		Spec. Cond. _____	
CCC / CSW _____		WRK _____	
REGISTER NUMBER 10924-052			

000234

MEDICAL RECORD

REPORT OF MEDICAL EXAMINATION

DATE OF EXAM

6-12-02

1. LAST NAME-FIRST NAME-MIDDLE NAME

Mosher Donald

4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)

X NONE, I'll Be Going Here

2. IDENTIFICATION NUMBER

10924-052

3. GRADE AND COMPONENT OR POSITION

433 Payne Marsh Rd
Brent Shore NY 13336
601 657 2872

6. EMERGENCY CONTACT (Name and address of contact)

X Kevin Brown

7. RELATIONSHIP OF CONTACT

Friend

8. DATE OF BIRTH

X 8/18/61

X 40

8. SEX

 FEMALE MALE

10. PLACE OF BIRTH

X CAL

11. RACE

 WHITE BLACKAMERICAN INDIAN/
ALASKA NATIVE HISPANIC
WHITE HISPANIC
BLACK ASIAN/PACIFIC
ISLANDER

12a. AGENCY

Bob Dot

12b. ORGANIZATION UNIT

FCI McKean

13. TOTAL YEARS GOVERNMENT SERVICE

a. MILITARY

b. CIVILIAN

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS

FCI McKean

P.O. Box 5000

Bradford, PA 16701

15. RATING OR SPECIALTY OF EXAMINER

16. PURPOSE OF EXAMINATION

A+O

17. CLINICAL EVALUATION

ABNORM.	NORMAL	ABNORM.	NORMAL	ABNORM.
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
A. HEAD, FACE, NECK AND SCALP		C. PROSTATE (Over 40 or clinically indicated)		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		D. TESTICULAR		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
C. DRUMS (Perforation)		E. ANUS AND RECTUM (Hemorrhoids, fistulae) (Rectal Results)		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
D. NOSE		F. ENDOCRINE SYSTEM	See below	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
E. SINUSES		G. G-U SYSTEM		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
F. MOUTH AND THROAT		H. UPPER EXTREMITIES (Strength, range of motion)		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		I. LOWER EXTREMITIES (Except feet) (Strength, range of motion)		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
H. OPHTHALMOSCOPIC		J. SPINE, OTHER MUSCULOSKELETAL		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
I. PUPILS (Equality and reaction)		K. IDENTIFYING BODY MARKS, SCARS, TATTOOS		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
J. OCULAR MOTILITY (Associated parallel movements nystagmus)		L. SKIN, LYMPHATICS	See below	See below
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
K. LUNGS AND CHEST		M. NEUROLOGIC (Equilibrium tests under item 41)		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
L. HEART (Thrust, size, rhythm, sounds)		N. PSYCHIATRIC (Specify any personality deviation)		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
M. VASCULAR SYSTEM (Varicosities, etc.)		O. BREASTS		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
N. ABDOMEN AND VISCERA (Include hernia)		P. PELVIC (Females only)		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

* Skin - H/O diabetes

* Scar Chl 1999 - Scars - Puncture wounds

* Scars - on back from cystic acne

- Tattoos - (R) Arm, (L) Chest, (R) Lat. & leg

* Skin - H/O cystic acne

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)												REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES							
0	1	2	3	Restorable	1	2	3	Non-	1	X	1	2	3	Replaced by Dentures	1	2	3	Fixed Partial Dentures	
32	31	30	Teeth	32	31	30	restorable	32	31	30	Missing Teeth	32	31	30	X	32	31	30	L
R	0	/		X				X	X	X		X							E
I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	T	F
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
H																			
T																			

19. TEST RESULTS (Copies of results are preferred as attachments)

1. URINALYSIS: (1) SPECIFIC GRAVITY

2. URINE ALBUMIN

3. URINE SUGAR

4. SYPHILIS SEROLOGY (Specify test used and results)

4. MICROSCOPIC

D. EKG

E. BLOOD TYPE AND RH FACTOR

B. CHEST X-RAY OR PPD (Place, date, film number and results)

000232

F. OTHER TESTS

26. BLOOD PRESSURE (Arm at heart level)		27. PULSE (Arm at heart level)									
A. SITTING	SYS. DIAS.	B. RECUM- BENT	SYS. DIAS.	C. STANDING (5 mins.)	SYS. DIAS.	A. SITTING	72	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER
28. DISTANT VISION		29. REFRACTION								30. NEAR VISION	

RIGHT 20/ LEFT 20/	15	CORR. TO 20/	BY	S.	CX				CORR. TO	BY
RIGHT 20/ LEFT 20/	15	CORR. TO 20/	BY	S.	CX				CORR. TO	BY

31. HETEROPHORIA (Specify distance)

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV.	PC	PD			
32. ACCOMMODATION		33. COLOR VISION (Test used and result)				34. DEPTH PERCEPTION (Test used and score)				
RIGHT WNL	LEFT WNL	WNL				UNCORRECTED				
35. FIELD OF VISION		36. NIGHT VISION (Test used and score)				CORRECTED				
RIGHT WNL	LEFT WNL	WNL				37. RED LENS TEST				
39. HEARING		40. AUDIOMETER						38. INTRAOCCULAR TENSION		
RIGHT WV	/15 SV	/15	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
LEFT WV	/15 SV	/15	RIGHT							
			LEFT							

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

- Known expos to infec dis
- + to 10 STD's
- + + to 10 IVDs
- + to methamphetamine use OD x 1 yr. 5/29/01

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

ECI WCKGBW

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check)

- A. IS QUALIFIED FOR
B. IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

45B. PHYSICAL CATEGORY

B C E

48. TYPED OR PRINTED NAME OF PHYSICIAN

Gracia Fairbanks

SIGNATURE

SIGNATURE

Gracia Fairbanks, MLP

49. TYPED OR PRINTED NAME OF PHYSICIAN

D. Olson MD
Clinical Director

SIGNATURE

D. Olson MD

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

STANDARD FORM 88 (Rev. 10-94) BACK

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION								DATE OF EXAM 5/23/02																																																																																																																																																																																				
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Mosher Jr Donald</i>				2. IDENTIFICATION NUMBER <i>10924-052</i>				3. GRADE AND COMPONENT OR POSITION <i>Female</i>																																																																																																																																																																																						
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>453 - Pineworth Rd Richford NY 13836</i>				5. EMERGENCY CONTACT (Name and address of contact) <i>—</i>																																																																																																																																																																																										
6. DATE OF BIRTH <i>5/18/61</i>		7. AGE <i>40yrs</i>		8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT <i>—</i>																																																																																																																																																																																								
10. PLACE OF BIRTH <i>CA.</i>		11. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK		<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE		<input type="checkbox"/> HISPANIC WHITE		<input type="checkbox"/> HISPANIC BLACK		<input type="checkbox"/> ASIAN/PACIFIC ISLANDER																																																																																																																																																																																				
12a. AGENCY <i>BOP</i>		12b. ORGANIZATION UNIT <i>A.S.</i>		13. TOTAL YEARS GOVERNMENT SERVICE <i>a. MILITARY</i>						<i>b. CIVILIAN</i>																																																																																																																																																																																				
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>MD & Brooklyn</i>				15. RATING OR SPECIALTY OF EXAMINER <i>—</i>																																																																																																																																																																																										
16. PURPOSE OF EXAMINATION <i>AZO Physical</i>				17. CLINICAL EVALUATION																																																																																																																																																																																										
(Check each item in appropriate column, enter "NE" if not evaluated.)				(Check each item in appropriate column, enter "NE" if not evaluated.)				(Check each item in appropriate column, enter "NE" if not evaluated.)																																																																																																																																																																																						
A. HEAD, FACE, NECK AND SCALP				ABNORMAL				O. PROSTATE (Over 40 or clinically indicated) <i>refined</i>																																																																																																																																																																																						
B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)				ABNORMAL				P. TESTICULAR																																																																																																																																																																																						
C. DRUMS (Perforation)				ABNORMAL				Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemoccult Results)																																																																																																																																																																																						
D. NOSE				ABNORMAL				R. ENDOCRINE SYSTEM																																																																																																																																																																																						
E. SINUSES				ABNORMAL				S. G-U SYSTEM																																																																																																																																																																																						
F. MOUTH AND THROAT				ABNORMAL				T. UPPER EXTREMITIES (Strength, range of motion)																																																																																																																																																																																						
G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)				ABNORMAL				U. FEET																																																																																																																																																																																						
H. OPHTHALMOSCOPIC				ABNORMAL				V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)																																																																																																																																																																																						
I. PUPILS (Equality and reaction)				ABNORMAL				W. SPINE, OTHER MUSCULOSKELETAL																																																																																																																																																																																						
J. OCULAR MOTILITY (Associated parallel movements nystagmus)				ABNORMAL				X. IDENTIFYING BODY MARKS, SCARS, TATTOOS <i>(R) New Chk</i>																																																																																																																																																																																						
K. LUNGS AND CHEST				ABNORMAL				Y. SKIN, LYMPHATICS																																																																																																																																																																																						
L. HEART (Thrust, size, rhythm, sounds)				ABNORMAL				Z. NEUROLOGIC (Equilibrium tests under item 41)																																																																																																																																																																																						
M. VASCULAR SYSTEM (Varicosities, etc.)				ABNORMAL				AA. PSYCHIATRIC (Specify any personality deviation)																																																																																																																																																																																						
N. ABDOMEN AND VISCERA (Include hernia)				ABNORMAL				BB. BREASTS																																																																																																																																																																																						
V				V				CC. PELVIC (Females only)																																																																																																																																																																																						
NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)																																																																																																																																																																																														
18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																																																																																																																																																																																														
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="3">0</th> <th colspan="3">1</th> <th colspan="3">X</th> <th colspan="3">Missing</th> <th colspan="3">Replaced by</th> <th colspan="3">Fixed Partial Dentures</th> </tr> <tr> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> </tr> <tr> <td>Restorable</td> <td>Non-restorable</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>32</td><td>31</td><td>30</td> <td>32</td><td>31</td><td>30</td> <td>32</td><td>31</td><td>30</td> </tr> <tr> <td>Teeth</td> <td>teeth</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>32</td><td>31</td><td>30</td> <td>32</td><td>31</td><td>30</td> <td>32</td><td>31</td><td>30</td> <td>32</td><td>31</td><td>30</td> <td>32</td><td>31</td><td>30</td> <td>32</td><td>31</td><td>30</td> </tr> <tr> <td>R</td><td>I</td><td>G</td> <td>1</td><td>2</td><td>3</td> <td>4</td><td>5</td><td>6</td> <td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td> <td>13</td><td>14</td><td>15</td> </tr> <tr> <td>I</td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td>L</td><td>E</td><td></td> </tr> <tr> <td>G</td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td>F</td><td>T</td><td></td> </tr> <tr> <td>H</td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>T</td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												0			1			X			Missing			Replaced by			Fixed Partial Dentures			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	Restorable	Non-restorable								32	31	30	32	31	30	32	31	30	Teeth	teeth								X	X	X	X	X	X	X	X	32	31	30	32	31	30	32	31	30	32	31	30	32	31	30	32	31	30	R	I	G	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	I															L	E		G															F	T		H																		T																	
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REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																																																														
19. TEST RESULTS (Copies of results are preferred as attachments)																																																																																																																																																																																														
A. URINALYSIS: (1) SPECIFIC GRAVITY						B. CHEST X-RAY OR PPD (Place, date, film number and result)																																																																																																																																																																																								
(2) URINE ALBUMIN			(4) MICROSCOPIC																																																																																																																																																																																											
(3) URINE SUGAR									C. SYPHILIS SEROLOGY (Specify test used and results)			D. EKG			E. BLOOD TYPE AND RH FACTOR			F. OTHER TESTS																																																																																																																																																																												
000234																																																																																																																																																																																														

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 6'1"	21. WEIGHT 291 lb	22. COLOR HAIR P	23. COLOR EYES	24. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBES	25. TEMPERATURE 98.4°		
26. BLOOD PRESSURE (Arm at heart level)					27. PULSE (Arm at heart level)		
A. SITTING SYS. 124 DIAS. 80	B. RECUMBENT SYS. DIAS.	C. STANDING (5 mins.) SYS. DIAS.	A. SITTING 68	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER
28. DISTANT VISION RIGHT 20/20 CORR. TO 20/		29. REFRACTION BY S. CX		30. NEAR VISION CORR. TO BY			
LEFT 20/20 CORR. TO 20/		BY S. CX		CORR. TO BY			
31. HETEROPHORIA (Specify distance)							

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD
32. ACCOMMODATION RIGHT LEFT		33. COLOR VISION (Test used and result) Weakly Strong Color - Pow			34. DEPTH PERCEPTION (Test used and score)		UNCORRECTED
35. FIELD OF VISION RIGHT LEFT		36. NIGHT VISION (Test used and score)			37. RED LENS TEST		CORRECTED
39. HEARING RIGHT W/V /16 SV /15 Normal Conduction /15 SV /15		40. AUDIOMETER RIGHT 250 500 1000 2000 3000 4000 6000 8000 LEFT 256 512 1024 2048 2896 4096 6144 8192			41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		38. INTRAOCCULAR TENSION RIGHT LEFT

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

+ Hospitalized & Canoga Medical Center Ithaca NY
 + Drug
 - Syphilis
 - Acid
 - Suicidal Ideation
 - Normal Conduction /15 SV /15

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

H/o Fp normal to consult
 H/o Appendectomy
 Ch LBP 20 MVA

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check)

- IS QUALIFIED FOR
 IS NOT QUALIFIED FOR

Regular duty

45B. PHYSICAL CATEGORY

A	B	C	E

48. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

ARUN VERMA

49. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

R. BEAUDOUIN, MD MDC-BRO

Beaudouin, MD 05/23/02

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

U.S. Department of Justice

Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY
AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Mosnier Jr. Donald Leroy</i>		2. REGISTER NUMBER <i>10924-052</i>	
3. PURPOSE OF EXAMINATION <i>intake</i>	4. DATE OF EXAMINATION <i>6/6/02</i>	5. EXAMINING FACILITY <i>McKean</i>	
6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint arises)			
7. HAVE YOU EVER (Please check each item) (Check each item)			
YES	NO		
<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/> Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/> Have vision in both eyes	
<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction.	<input checked="" type="checkbox"/> Wear a hearing aid	
<input checked="" type="checkbox"/>	Attempted suicide	<input checked="" type="checkbox"/> Stutter or stammer habitually	
<input checked="" type="checkbox"/>	Been a sleepwalker	<input checked="" type="checkbox"/> Wear a brace or back support	
8. DO YOU (Please check each item) (Check each item)			
YES	NO		
<input checked="" type="checkbox"/>	Scarlet fever	<input checked="" type="checkbox"/> Epilepsy or fits	
<input checked="" type="checkbox"/>	Rheumatic fever	<input checked="" type="checkbox"/> Car, train, sea or air sickness	
<input checked="" type="checkbox"/>	Swollen or painful joints	<input checked="" type="checkbox"/> Frequent trouble sleeping	
<input checked="" type="checkbox"/>	Frequent or severe headache	<input checked="" type="checkbox"/> Depression or excessive worry	
<input checked="" type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/> Loss of memory or amnesia	
<input checked="" type="checkbox"/>	Eye trouble	<input checked="" type="checkbox"/> Nervous trouble of any sort	
<input checked="" type="checkbox"/>	Ear, nose, or throat trouble	<input checked="" type="checkbox"/> Periods of unconsciousness	
<input checked="" type="checkbox"/>	Hearing loss	<input checked="" type="checkbox"/> Have you ever had homosexual contact?	
<input checked="" type="checkbox"/>	Chronic or frequent colds	<input checked="" type="checkbox"/> Been exposed to AIDS	
<input checked="" type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/> Alcohol Use (Excessive)	
<input checked="" type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/> Drug Use/Addiction	
<input checked="" type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/> Marijuana	
<input checked="" type="checkbox"/>	Head injury	<input checked="" type="checkbox"/> Cocaine	
<input checked="" type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/> Heroin	
<input checked="" type="checkbox"/>	Thyroid trouble	<input checked="" type="checkbox"/> L.S.D.	
<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/> Amphetamines	
<input checked="" type="checkbox"/>	Asthma	<input checked="" type="checkbox"/> Others: (Specify)	
<input checked="" type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/> Alcohol or drug	
<input checked="" type="checkbox"/>	Pain or pressure in chest	<input checked="" type="checkbox"/> Withdrawal Problems	
<input checked="" type="checkbox"/>	Chronic cough		
<input checked="" type="checkbox"/>	Palpitation or pounding heart		
<input checked="" type="checkbox"/>	Heart trouble		
<input checked="" type="checkbox"/>	High or low blood pressure		
<input checked="" type="checkbox"/>	Cramps in your legs	10. FEMALES ONLY HAVE YOU EVER	
<input checked="" type="checkbox"/>	Frequent indigestion	<input checked="" type="checkbox"/> Been treated for a female disorder	
<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/> Had a change in menstrual pattern	
<input checked="" type="checkbox"/>	Gall bladder trouble or gallstones	<input checked="" type="checkbox"/> ARE YOU PREGNANT	
<input checked="" type="checkbox"/>	Jaundice or hepatitis	<input checked="" type="checkbox"/> SUSPECT YOU ARE PREGNANT	
11. WHAT IS YOUR USUAL OCCUPATION? <i>Maintenance, Construction work</i>			
12. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed 000236			

CHECK EACH ITEM YES OR NO		EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW		
YES	NO	YES	NO	
<input checked="" type="checkbox"/>		13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	<input checked="" type="checkbox"/>	18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
<input checked="" type="checkbox"/>		B. Inability to perform certain motions.	<input checked="" type="checkbox"/>	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic; and details.)
<input checked="" type="checkbox"/>		C. Inability to assume certain positions.	<input checked="" type="checkbox"/>	20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, reason, for rejections.)
<input checked="" type="checkbox"/>		D. Other medical reasons (If yes, give reasons.)	<input checked="" type="checkbox"/>	21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)
<input checked="" type="checkbox"/>		14. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	<input checked="" type="checkbox"/>	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
<input checked="" type="checkbox"/>		15. Have you ever been denied life insurance? (If yes, state reason and give details.)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input checked="" type="checkbox"/>	

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Donald L. Moshier Jr.

INTAKE SCREENING

INMATE RECEIVED FROM: COURT TRANSFER P.V.

OTHER _____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE

THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? NO

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF: YES NO

WHAT ARRANGEMENTS HAVE BEEN MADE? _____

DUTY STATUS: TEMPORARY WORK RESTRICTEDGENERAL POPULATION YES NOTYPE AND EXTENT OF LIMITATION

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*O/HZ
O/Hep
GTB
UKDA*

000237

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE *6/6/02*SIGNATURE *Walter*

NUMBER OF ATTACHED SHEETS

Department of Justice
Federal Bureau of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY
AND WILL NOT BE MADE AVAILABLE TO UNAUTHORIZED PERSONS)

LAST NAME-FIRST NAME

MOSHIER JR. DONALD

NAME

PURPOSE OF EXAMINA

Date Of Birth Sex Institution Date Of Photo
8/18/1961 M BRO 5/22/2002



NUMBER

STATEMENT OF EXAM

Height Weight Hair Color Eye Color
601 260 BD BL

Custody / QTR Spec. Cond

CCC / CSW

WRK

REGISTER NUMBER

10924-052

FACILITY

by description of past history, if complaint arises

HAVE YOU EVER (Please check each item)

S NO (Check each item)

8. DO YOU (Please check each item)

YES NO (Check each item)

<input checked="" type="checkbox"/> Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/> Wear glasses or contact lenses
<input checked="" type="checkbox"/> Coughed up blood	<input checked="" type="checkbox"/> Have vision in both eyes
<input checked="" type="checkbox"/> Bleed excessively after injury or tooth extraction	<input checked="" type="checkbox"/> Wear a hearing aid
<input checked="" type="checkbox"/> Attempted suicide	<input checked="" type="checkbox"/> Stutter or stammer habitually
<input checked="" type="checkbox"/> Been a sleepwalker	<input checked="" type="checkbox"/> Wear a brace or back support

HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

S NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>		Scarlet fever				Adverse reaction to serum drug or medicine		<input checked="" type="checkbox"/>		Epilepsy or fits
<input checked="" type="checkbox"/>		Rheumatic fever						<input checked="" type="checkbox"/>		Car, train, sea or air sickness
<input checked="" type="checkbox"/>		Swollen or painful joints	<input checked="" type="checkbox"/>			Broken bones	<input checked="" type="checkbox"/>			Frequent trouble sleeping
<input checked="" type="checkbox"/>		Frequent or severe headache				Tumor, growth, cyst, cancer	<input checked="" type="checkbox"/>			Depression or excessive worry
<input checked="" type="checkbox"/>		Dizziness or fainting spells				Rupture/hermia	<input checked="" type="checkbox"/>			Loss of memory or amnesia
<input checked="" type="checkbox"/>		Eye trouble				Piles or rectal disease	<input checked="" type="checkbox"/>			Nervous trouble of any sort
<input checked="" type="checkbox"/>		Ear, nose, or throat trouble				Frequent or painful urination	<input checked="" type="checkbox"/>			Periods of unconsciousness
<input checked="" type="checkbox"/>		Hearing loss				Bed wetting since age 12		<input checked="" type="checkbox"/>		Have you ever had homosexual contact?
<input checked="" type="checkbox"/>		Chronic or frequent colds				Kidney stone or blood in urine		<input checked="" type="checkbox"/>		Been exposed to AIDS
<input checked="" type="checkbox"/>		Severe tooth or gum trouble				Sugar or albumin in urine	<input checked="" type="checkbox"/>			Alcohol Use (Excessive)
<input checked="" type="checkbox"/>		Sinusitis				VD—Syphilis, gonorrhea, etc.	<input checked="" type="checkbox"/>			Drug Use/Addiction
<input checked="" type="checkbox"/>		Hay Fever				Recent gain or loss of weight	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Head injury				Arthritis, Rheumatism, or Bursitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Marijuana
<input checked="" type="checkbox"/>		Skin diseases				Bone, joint or other deformity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Cocaine
<input checked="" type="checkbox"/>		Thyroid trouble				Lameness	<input checked="" type="checkbox"/>			Heroin
<input checked="" type="checkbox"/>		Tuberculosis				Loss of finger or toe	<input checked="" type="checkbox"/>			L.S.D.
<input checked="" type="checkbox"/>		Asthma				Painful or "Trick" shoulder or elbow	<input checked="" type="checkbox"/>			Amphetamines
<input checked="" type="checkbox"/>		Shortness of breath	<input checked="" type="checkbox"/>			Recurrent back pain	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		Pain or pressure in chest	<input checked="" type="checkbox"/>			"Trick" or locked knee	<input checked="" type="checkbox"/>			Others: (Specify)
<input checked="" type="checkbox"/>		Chronic cough	<input checked="" type="checkbox"/>			Foot trouble	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		Palpitation or pounding heart	<input checked="" type="checkbox"/>			Neuritis	<input checked="" type="checkbox"/>			Alcohol or drug Withdrawal Problems
<input checked="" type="checkbox"/>		Heart trouble				Paralysis (include infantile)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		High or low blood pressure					<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Cramps in your legs					<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Frequent indigestion					<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Stomach, liver, or intestinal trouble					<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones					<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Jaundice or hepatitis					<input checked="" type="checkbox"/>			

10. FEMALES ONLY HAVE YOU EVER

Been treated for a female disorder

Had a change in menstrual pattern

ARE YOU PREGNANT

SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)

Right handed Left handed

000238

		CHECK EACH ITEM YES OR NO		ITEM CHECKED YES MUST BE FULLY EXPLAIN		IN BLANK SPACE BELOW	
YES	NO	YES	NO				
X		13. Have you been refused employment or been unable to hold a job or stay in school because of:		18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)			
X		A. Sensitivity to chemicals, dust, sunlight, etc.					
X		B. Inability to perform certain motions.		19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years (in other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)			
X		C. Inability to assume certain positions.					
X		D. Other medical reasons (If yes, give reasons.)		20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)			
X		14. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)			
X		15. Have you ever been denied life insurance? (If yes, state reason and give details.)		22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)			
X		16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)					
X		17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)					

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

INTAKE SCREENING:

THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS

INMATE RECEIVED FROM COURT TRANSFER P.V.

OR ALCOHOL

OTHER

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE
 DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE,
 APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES,
 JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORM-
 ITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL

STAFF YES NO

WHAT ARRANGEMENTS HAVE BEEN MADE?

DUTY STATUS TEMPORARY WORK RESTRICTED NO P

GENERAL POPULATION YES NO

TYPE AND EXTENT OF LIMITATION

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

(+) D V D V
 (-) Epilepsy
 (-) TB
 (-) Suicidal & lethargic fluctuating
 (-) Psychotic hospitalization
 (-) Adl.

- Fox more 2 to assault
 - May 2002
 - substance abuse

Ch LBP X
 PAV A-150

000239

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE 5/23/02

SIGNATURE

NUMBER OF ATTACHED SHEETS

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS *lew*

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <i>USP Lew</i>	Date of Arrival <i>6-16-05</i>	Time of Arrival <i>1410</i>
Inmate's Name <i>Moshier, Donald</i>	Register Number <i>10924-052</i>	

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? yes; no (Explain)
2. General Population Housing Approved? yes; no (Specify limitation or need)
3. Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)
4. For Holdovers: OK for Continued Transport? yes; no (Explain)
5. Disabilities? yes no (If yes, enter code(s) into MDS)
Code(s)
6. Remarks:

Medical Staff Signature <i>Beverly Prince</i>	Date <i>6-16-05</i>	Time <i>1453</i>
--	------------------------	---------------------

Medical Staff Title <i>Beverly Prince, EMT Paramedic</i>	USP Lewisburg
---	---------------

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000240

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE**FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <i>McKean</i>	Date of Arrival <i>4-10-03</i>	Time of Arrival <i>1130</i>
Inmate's Name <i>Mashier, Donald</i>	Register Number <i>10924-052</i>	

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? yes; no (Explain)
W/M + (F/A)

2. General Population Housing Approved? yes; no (Specify limitation or need)

3. Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? yes; no (Explain)
O/A

5. Disabilities? yes no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature <i>[Signature]</i>	Date <i>4-10-03</i>	Time <i>1400</i>
---	------------------------	---------------------

Medical Staff Title
*MAHSO*Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000241

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE**FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution McKean	Date of Arrival 6-6-02	Time of Arrival 0830
Inmate's Name Moshier, Donald	Register Number 10924-052	

M E D I C A L C L E A R A N C E1. BP-149(60) reviewed? yes; no (Explain)2. General Population Housing Approved? yes; no (Specify limitation or need)3. Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)4. For Holdovers: OK for Continued Transport? yes; no (Explain)

✓/KA

5. Disabilities? yes no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature <i>[Signature]</i>	Date 6-6-02	Time 1200
---	----------------	--------------

Medical Staff Title
*[Signature]*Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000242

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution USP LEWISBURG Health Services Unit Lewisburg, PA 17837	Date of Arrival 6-5-02	Time of Arrival 1150
--	---------------------------	-------------------------

Inmate's Name <u>Mosher, Donald</u>	Register Number 10924-052
--	------------------------------

MEDICAL CLEARANCE

1. BP-149(60) reviewed? yes; no (Explain)

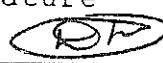
2. General Population Housing Approved? yes; no (Specify limitation or need)

3. Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? yes; no (Explain)

5. Disabilities? yes no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature 	Date 6-5-02	Time 1159
--	----------------	--------------

Medical Staff Title D. McClinton, NREMT-P Paramedic USP Lewisburg
--

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000243

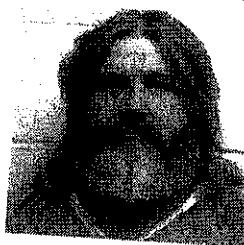
MEDICAL STAFF SHEET

SHAFER JR. DONALD

Institution Date Of Birth Sex Institution Date Of Photo
 8/18/1961 M BRO 5/22/2002

MDC Brk Height Weight Hair Color Eye Color
 601 260 BD BL

Name of Inmate Custody / QTR Spec. Cond



INSTITUTION

Time of Arrival

CCC / CSW

WRK

REGISTER NUMBER

10924-052

MEDICAL CLEARANCE

BP-149 (60) reviewed?	Explain
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	
General Population Housing Approved?	Specify limitation or need
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	
Approved for Temporary Work Assignment?	Specify limitation or exclusion No F/Sr.
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	
For Holdovers: OK for Continued Transportation?	Explain
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	
Disabilities?	If yes, enter code(s) into MDS)
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	
Remarks	<i>(circle) lice Official Infection (thru)</i>

Medical Staff Signature

Ahu ARUN VERMA

Medical Staff Title

Date

5/23/02

Time

14:15

Record Copy - Inmate Central File; Copy - File

Replaces BP-354(60) of APRIL 90 and BP-S354 of AUG 94

000244

MEDICAL RECORDS	CONSULTATION SHEET	
TO: SURGICAL CLINIC (IN)	FROM: (Requesting Clinician/Physician) Doctor Bussamich/ J. GERAGI RA/C	DATE OF REQUEST 5/2/06
Chief Complaint: S/P LIPOMA RESECTION EXCISION 3/23/06 - HAS INCISION SITE PACKED IN IODOFORM GAUZE - ADVISED 1" QOD - F/U AS PER DR MOTO NOTE 4/19/06		
History of Present Illness: As Above		
Significant Diagnostic Studies Done:		
Summary of Prior Treatment for Present Condition:		
Effect condition has on Patient's Ability to Function in Correctional Environment:		
Current Medications: NAPROVEN PRN		
Drug Allergies: NCDA		
Other Significant Medical Condition:		
Primary Impression/Procedure Requested at this Time: S/P LIPOMA EXCISION F/U		
DOCTOR'S SIGNATURE: <i>Anthony Bussamich</i> ANTHONY BUSSAMICH, MD	APPROVAL DATE	TO BE SEEN NO LATER THAN: 05/20/06
CONSULTANT SECTION		
SIGNIFICANT FINDINGS: <i>wound closed</i>		
DIAGNOSIS: <i>S/P lipoma excision wound 4/20/06</i>		
TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.) <i>NA</i>		
Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.) <i>PRN</i>		
SIGNATURE AND TITLE OF PROVIDER <i>[Signature]</i>		DATE 5/26/06
DATE OF INCARCERATION <i>[Signature]</i>	USP LEWISBURG, PA 17837	CUSTODY LEVEL:

PATIENT'S IDENTIFICATION:

Mostek, Donald
10924-052

CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

000245

⑨ 313

MEDICAL RECORDS	CONSULTATION SHEET	
TO: SURGICAL CLINIC- INSIDE	FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 3-23-2006
<p>Chief Complaint: THIS PATIENT WAS SEEN BY DR. MOTTO IN THE OR ON 3-23-2006, WHEN HE HAD A 4 CM X 4 CM LIPOMA LOCATED IN THE LUQ EXCISED. F/U IN THE APRIL SURGICAL CLINIC WAS REQUESTED.</p> <p>History of Present Illness: AS ABOVE</p> <p>Significant Physical Examination Findings:</p> <p>Significant Diagnostic Studies Done:</p> <p>Summary of Prior Treatment for Present Condition:</p> <p>Effect condition has on Patient's Ability to Function in Correctional Environment:</p> <p>Current Medications: NAPROXEN PRN</p> <p>Drug Allergies: NKDA</p> <p>Other Significant Medical Condition:</p> <p>Primary Impression/Procedure recommended at this time: S/P ABDOMINAL LIPOMA, PLEASE PROVIDE F/U</p>		
DOCTOR'S SIGNATURE: D OSP Lewisburg	APPROVAL DATE <i>B. Beller</i> 3/21/06	TO BE SEEN NO LATER THAN: APRIL 2006
<p><i>3/21/06 CONSULTANT SECTION</i></p> <p>SIGNIFICANT FINDINGS:</p> <p><i>S/p Lipom Excision.</i></p> <p>DIAGNOSIS:</p> <p>TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)</p> <p><i>Instruct Patient = Todo San Gaus</i></p> <p>Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)</p> <p><i>Remove 1-2" of Packing QOD + Dress Wound. Clean = Q-Tip + H2O + RTC next Surgeon Class DN 1125/12</i></p>		
SIGNATURE AND TITLE OF PROVIDER <i>[Signature]</i>	DATE 4/19	
DATE OF INCARCERATION USP LEWISBURG, PA 17837	CUSTODY LEVEL:	

PATIENT'S IDENTIFICATION:

MOSHIER, DONALD 10924-052

CONSULTATION SHEET

STANDARD FORM 513 (Rev 3/99)

000246

*O
3/28*

MEDICAL RECORDS	CONSULTATION SHEET	
TO: DR. MOTTO- OUTSIDE	FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 11-18-2005

Chief Complaint: THIS PATIENT WAS SEEN BY YOU IN CLINIC ON 11-18-2005, WHEN HE WAS NOTED TO HAVE A 4X4 CM LIPOMA IN THE LUQ. YOU RECOMMENDED EXCISION OF THE LESION UNDER LOCAL ANESTHESIA AT THE SURGICENTER.

History of Present Illness: AS ABOVE

Significant Physical Examination Findings:

Significant Diagnostic Studies Done:

Summary of Prior Treatment for Present Condition:

Effect condition has on Patient's Ability to Function in Correctional Environment:

Current Medications: ALBUTEROL INHALER, NAPROXEN

Drug Allergies: NKDA

Other Significant Medical Condition: HEP C +, GERD, ASTHMA

Primary Impression/Procedure Requested at this Time: LIPOMA LUQ, PLEASE EXCISE.

DOCTOR'S SIGNATURE: <i>Dr. Bussanich (P.A.)</i>	11-23-05	APPROVAL DATE	TO BE SEEN NO LATER THAN: <i>FEBRUARY 2006</i>
APR 16 2006			

CONSULTANT SECTION

SIGNIFICANT FINDINGS:

DIAGNOSIS:

TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

SIGNATURE AND TITLE OF PROVIDER <i>Dr. Bussanich PA</i>	DATE <i>4/16/06</i>		
DATE OF INCARCERATION	USP LEWISBURG, PA 17837	CUSTODY LEVEL:	000247

PATIENT'S IDENTIFICATION:

MOSHIER, DONALD 10924-052

CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

IN 10924-052

PERSON PROFILE PAGE: 1
 DATE PRINTED: 03/07/2006 PERSON: MOSHIEF DONALD L PERSON ID#: 10924-052
 USP LEWISBURG A01-105U
 USP LEWISBURG
 LEWISBURG, PA 17837

LAST FILL DRUG NAME	RX NUM NDC	RF PH. DOCTOR NAME DAYS	QUANTITY REFILL DUE	COST	ADM DATE
03/03/2006 NAPROXEN 500 MG TABLET 500 MG	178718 00172-4390-18	5 HXC BUSSANICH, ANTHONY 8	20.0000EA	200.00	03/03/2006
02/21/2006 RANITIDINE 150 MG TAB	178717 00781-1883-60	3 HXC BUSSANICH, ANTHONY 15	30.0000EA	0.95	02/23/2006
02/21/2006 NAPROXEN 500 MG TABLET 500 MG	178718 00172-4390-18	4 HXC BUSSANICH, ANTHONY 8	20.0000EA	200.00	02/21/2006
02/21/2006 ALBUTEROL 17 GM MDI	178716 00172-4390-18	2 HXC PEORIA, MARK 30	1.0000EA	0.01	02/22/2006
02/08/2006 NAPROXEN 500 MG TABLET 500 MG	178718 00172-4390-18	3 HXC BUSSANICH, ANTHONY 8	20.0000EA	200.00	02/08/2006
02/08/2006 RANITIDINE 150 MG TAB	178717 00781-1883-60	2 HXC BUSSANICH, ANTHONY 15	30.0000EA	0.95	02/08/2006
01/30/2006 NAPROXEN 500 MG TABLET 500 MG	178718 00172-4390-18	2 HXC BUSSANICH, ANTHONY 8	20.0000EA	200.00	01/30/2006
01/23/2006 ALBUTEROL 17 GM MDI	178716 00172-4390-18	1 HXC PEORIA, MARK 30	1.0000EA	0.01	01/23/2006
01/17/2006 NAPROXEN 500 MG TABLET 500 MG	178718 00172-4390-18	1 HXC BUSSANICH, ANTHONY 8	20.0000EA	200.00	01/17/2006
01/17/2006 RANITIDINE 150 MG TAB	178717 00781-1883-60	1 HXC BUSSANICH, ANTHONY 15	30.0000EA	0.95	01/17/2006
01/12/2006 NAPROXEN 500 MG TABLET 500 MG	178718 00172-4390-18	0 HXC BUSSANICH, ANTHONY 0	0.0000EA	0.00	01/12/2006
01/12/2006 RANITIDINE 150 MG TAB	178717 00781-1883-60	0 HXC BUSSANICH, ANTHONY 0	0.0000EA	0.00	01/12/2006
01/12/2006 ALBUTEROL 17 GM MDI	178716 00172-4390-18	0 HXC PEORIA, MARK 0	0.0000EA	0.00	01/12/2006

Totals: 13 1002.87

000248

20060055
MEL
TSB

**Moshein v. BOP, et al.
Civil Action No. 05-180 (Erie)**

Litigation Report Part III

5146583-0 ODS
 DONALD ROSNIER
 USNEP LEWISBURG, PA 17837
 NOTTO, NO CHRISTOPHER
 NOTTO, NO CHRISTOPHER
 44 673-7111 252325 1



One Hospital Drive, Lewisburg, PA 17837
 570.522.2000 FAX: 570.522.2745

MEDICAL / SURGICAL DISCHARGE INSTRUCTION SHEET

1. Diet: Regular
2. Activity restrictions
 - Simple household chores that do not cause discomfort.
 - Lift only things that require one hand, to avoid straining.
 - Lift items weighing up to 10 lbs. the first week and add 5-10 lbs. each week.
 - May use stairs carefully or with assistance.
 - May resume driving _____
 - Other _____
3. May take tub bath or shower.
4. Wash incision every day with soap and water.
 - a. Dressing Instructions: Not Necessary. Remove in _____ days.
 - _____
 - b. If your incision becomes sore, red or draining, take your temperature and call physician.
5. Remove ace bandage or elastic stockings for bathing. Elevate leg before reapplying.
6. May resume sexual intercourse in _____ days _____ weeks.
7. Return visit: To schedule an appointment

Call Next Surgery Clinic at _____ for appointment in _____ wks. / days.
 Call _____ at _____ for appointment in _____ wks. / days.
 Call _____ at _____ for appointment in _____ wks. / days.
8. Employment: Expect to return to work in _____ days _____ weeks.
9. Medications: Get prescriptions filled. None.
 - a. Tylenol as needed
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____

Other Instructions: Dr. Becker's instructions

R. Becker, M.D.

USP Lewisburg

Home Health Services Referral: Yes No Agency: _____
 Hospital Adm. Date _____ Home Phone #: _____ Date Service Requested: _____
 Diagnosis: _____

Surgical Procedures:

Home Services Needed: Physical Therapy Medical Social Work Speech Therapy
 Skilled Nursing Occupational Therapy Home Health Aide

Physician's Instructions:

000249

In case of emergency, please call _____ or 522-2000.

Douglas M. Miller

3-23-06

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CONSULTATION SHEET	
REQUEST		
TO: SURGERY IN	FROM: (Requesting physician or activity) BUSSANI US	DATE OF REQUEST 10/25/05
REASON FOR REQUEST (Complaints and findings)		
<p>① LEFT-UPPER QUADRANT mass; states is progressively increasing meas P/E: 4x4cm MASS movable LUG</p> <p>② Also claims Bleeding Hemorrhoids 1/2 (+) Hemorrhoid ②</p>		
PROVISIONAL DIAGNOSIS		
<p>① Left upper quadrant MASS FOR EXCISE</p> <p><i>Bussani US</i></p>		<p>APPROVED</p> <p>PLACE OF CONSULTATION</p> <p><input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL</p> <p><input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY</p> <p><input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY</p>
CONSULTATION REPORT		
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4x4 cm Lipoma LUG can excise locally</p> <p>Innerted bleeding hemorrhoids</p> <p>Anosol FEC suppository PR TH</p>		
(Continue on reverse side) IN 415112		DATE 10/16/05
SIGNATURE AND TITLE <i>H. M.</i>		
HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT
RELATION TO SPONSOR	SPONSOR'S NAME (Last, first, middle)	SPONSOR'S ID NUMBER (SSN or Other)
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)		REGISTER NO. 10924-052 WARD NO.

*Mosher, Don M.D.*CONSULTATION SHEET 000250
Medical Record

513-110

NSN 7540-00-634-4127

MEDICAL RECORD		CONSULTATION SHEET		
REQUEST				
TO:	FROM: (Requesting physician or activity)		DATE OF REQUEST	
<u>Dr Graham</u>	<u>H Beaman FCMR MCLEAN</u>		<u>4/27/05</u>	
REASON FOR REQUEST (Complaints and findings)				
<p>43yo SP cholecystectomy 4/19/05 for gangrenous gallbladder needs port or check</p>				
PROVISIONAL DIAGNOSIS				
DOCTOR'S SIGNATURE		APPROVED	PLACE OF CONSULTATION	
<u>H Beaman</u>		<u>H BEAMAN, MD FCM MCLEAN</u>	<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
CONSULTATION REPORT				
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>Stab P.O. no N, V Bowels OK wound healing well, no hernia or infection appetite still down a little & he has lost some weight by agreement (still is one night) morning well & looks good Re - no heavy activities for a few more weeks will see as needed</p>				
(Continue on reverse side)				
SIGNATURE AND TITLE				DATE
<u>Dale J. Shulman</u>				<u>12-27-05</u>
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.	
		<u>10924-052</u>		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

000251**Donald Moshier**Reviewed by D. Olson, MD
Date: 5/12/05

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GS/CMR, FIRMR (41 CFR) 201-9.202-1

HCV Treatment Psychology Evaluation
FCI, McKean

NAME: Moshier, Donald

Reg. No. 10924-052

AGE: 43

ETHNICITY: White, non-Hispanic

INSTANT OFFENSE: PWITD Methamphetamine; Mailing Threatening Communications

LENGTH OF SENTENCE: 120 months

MANDATORY RELEASE DATE: 2/28/2012

CUSTODY/SECURITY LEVEL: IN/Medium

INSTITUTION ADJUSTMENT: Good

PRESENTING PROBLEM/REASON FOR REFERRAL: Inmate Moshier, Donald is being considered for combined interferon and ribivirin treatment for chronic HCV.

PSYCHIATRIC HISTORY, ONSET OF: No history of mental illness or treatment, no family history of mental illness.

MEDICATIONS: Acetaminophen 500mg, 2 tab, bid; Ranitidine 150mg, bid; Tetracycline, 500mg, bid; Hydrocortisone Cream, 1%.

HISTORY OF ALCOHOL ABUSE/DEPENDENCE: History of methamphetamine, cocaine and cannabis dependence.

HISTORY OF HEAD TRAUMA: None

HISTORY OF ANTISOCIAL BEHAVIOR: Conspiracy to Distribute Methamphetamine; Mailing Threatening Communications; Grand Theft, DUI, Harassment, Possession of Marijuana

OTHER PERTINENT PSYCHIATRIC HISTORY: None

PERTINENT MEDICAL/SURGICAL HISTORY: Chronic HCV, Asthma, Peripheral Vascular Disease

MENTAL STATUS EXAMINATION - PERTINENT FINDINGS: Inmate Moshier has appropriate affect and euthymic mood. He denies any family history of suicide. The inmate denies thoughts of hurting himself or others. There is no evidence of psychosis or disturbed thinking. The inmate is aware of the risks of treatment/non-treatment for HCV as described by his treating physician. He was made aware of the signs and symptoms of depression that might signal a need for additional treatment and could potentially result from his treatment of chronic HCV with the medications being contemplated by his treating physician.

DIAGNOSTIC IMPRESSION

Axis I: Polysubstance dependence, in remission due to incarceration

Axis II: Personality disorder, NOS (with antisocial features)

RECOMMENDATIONS: There are no mental health contraindications for inmate Moshier to receive a trial of interferon/ribivirin for the treatment of chronic HCV.

Walter L. Rhinehart, Psy.D.

Chief Psychologist

FCI, McKean

9/22/04

REVIEWED BY

9/24/04
N. Bell

L. BEAM, MD
FCI MCKEAN

000252

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 10924-052 Age : 42yr
Name : MOSHIER JR, DONALD Sex : M
Location : FCI MCKEAN (MCK) Room:
Admit. Physician: BEAM, MD Accession Number : 5284
Order. Physician: BEAM, MD
Collected : 07/19/04 @ 08:10 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
COMP. METABOLIC				
Glucose	168		70 - 110 mg/dL	JE RY
Urea Nitrogen	16		7 - 22 mg/dL	JE RY
Creatinine	1.0		0.6 - 1.6 mg/dL	JE RY
Sodium	141		137 - 148 mmol/L	JE RY
Potassium	3.9		3.5 - 5.0 mmol/L	JE RY
Chloride	105		99 - 114 mmol/L	JE RY
Calcium	8.7		8.5 - 10.9 mg/dL	JE RY
Total Protein	7.0		6.0 - 8.2 g/dL	JE RY
Albumin	3.9		3.6 - 5.1 g/dL	JE RY
Alkaline Phos.	80		41 - 133 U/L	JE RY
AST (SGOT)	106	HI	11 - 55 U/L	JE RY
Total Bilirubin	0.7		0.2 - 1.3 mg/dL	JE RY
Cholesterol	110	LO	140 - 200 mg/dL	JE RY
ALT (SGPT)	130	HI	11 - 66 U/L	JE RY
TSH	1.16		0.30 - 7.00 uIU/mL	KS RY
CBC				
White Blood Cell	5.0		4.3 - 11.1 10^3 /uL	RS RY
Red Blood Cells	5.52		4.46 - 5.78 10^6 /uL	RS RY
Hemoglobin	17.6		13.6 - 17.6 g/dL	RS RY
Hematocrit	50.7		40.2 - 51.4 %	RS RY
MCV	91.8		82.5 - 96.5 fL	RS RY
MCH	32.0		27.1 - 34.3 pg	RS RY
MCHC	34.8		33.0 - 35.0 g/dL	RS RY
RDW	13.6		12.0 - 14.0 %	RS RY
PLT	101	LO	130 - 374 10^3 /uL	RS RY
MPV	9.3		6.9 - 10.5 fL	RS RY
AUTODIFF				
Neutrophils	70.9	HI	43.0 - 67.0 %	RS RY
Lymphocytes	19.3	LO	21.0 - 45.0 %	RS RY
Monocytes	7.1		5.0 - 13.0 %	RS RY
Eosinophils	2.3		0.0 - 7.0 %	RS RY
Basophils	0.4		0.0 - 1.0 %	RS RY
Neutrophil #	3.5		1.9 - 6.7 10^3 /uL	RS RY
Lymphocyte #	1.0	LO	1.3 - 3.7 10^3 /uL	RS RY
Monocyte #	0.4		0.3 - 1.1 10^3 /uL	RS RY
Eosinophil #	0.1		0.0 - 0.5 10^3 /uL	RS RY

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Printed : 07/20/2004 @ 15:06

Location : MC
Page : 1

Page 11 : 1 of 2

R. L. BEAM, MD

000253

U. S. M. CENTER FOR FEDERAL PRI
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

===== FINAL REPORT =====

Register Number: 10924-052
Name : MOSHIER JR, DONALD
Location : FCI MCKEAN (MCK)
Physician : BEAM, MD
Collection Date: 11/17/2003
Collection Time: 11:00
Tests : HBsAg; HBsAb; HBcAb; Anti-HAV-IgM
Ordered:

Age : 42
Sex : M
Accession Number: 9727
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
HBsAg	Negative		Negative	SY RY
HBsAb	Positive		Negative	SY RY
HBcAb	Positive		Negative	SY RY
Anti-HAV-IgM	Negative		Negative	JN RY
-- End of Laboratory Report --				

PROVIDENT HEALTH SVC.

11/17/03 11:00 AM PH 2:17


 S. Czekai, Med Tech.

Name : MOSHIER JR, DONALD
Register#: 10924-052
Printed : 11/26/2003 @ 12:39

Doctor : BEAM, MD
Location: FCI MCKEAN (MCK)
Sensitive L.O.U.

REVIEWED BY:


 H. Beam, MD
11/26/03
FCI MCKEAN

000254

Page: 1

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 10924-052
 Name : MOSHIER JR, DONALD
 Location : FCI MCKEAN (MCK)
 Physician : MISCELLANEOUS DOCTOR
 Collection Date: 04/16/2003
 Collection Time: 07:45
 Tests | HIV-Ab
 Ordered |

Age : 41
 Sex : M
 Accession Number: 1366
 "X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	Voluntary Testing			
HIV-Ab	Negative			NR SY RY
DO NOT REMOVE REPORT FROM PATIENT CHART				
-- End of Laboratory Report --				

Voluntary

FEDERAL MEDICAL HEALTH SVC.

04/16/2003 07:45:32

S. Czekai
 S. Czekai, Med Tech.

Name : MOSHIER JR, DONALD
 Register# : 10924-052
 Printed : 04/21/2003 @ 12:00

Doctor : MISCELLANEOUS DOCTOR
 Location: FCI MCKEAN (MCK)

REVIEWED BY:
BS
 4/29/03
 Sensitive L.O.U.

HB
 H. BEAM, MD
 FCI MCKEAN

000255

U. S. MF 'CA' CENTER FOR FEDERAL PRIS. ERS
 18 STORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

===== FINAL REPORT =====

Register Number: 10924-052 Age : 42
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Accession Number: 3832
 Physician : MISCELLANEOUS DOCTOR *E. Cope, PAC* "X" if Complete : [X]
 Collection Date: 09/04/2003
 Collection Time: 08:50
 Tests : Anti-HCV; S:CO Ratio (HCV)
 Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
Anti-HCV	Positive		Negative	SY CK
S: CO Ratio (HCV)	6.6			TX CK
	Samples with high s:co ratios (>3.8) usually (>95%) confirm positive, but <5 of every 100 might represent false positives. More specific testing may be indicated.			
	-- End of Laboratory Report --			

FCI MCKEAN HEALTH SVC.

03 SEP 16 AM 7:46

REVIEWED BY:

H. Beak
9/16/03

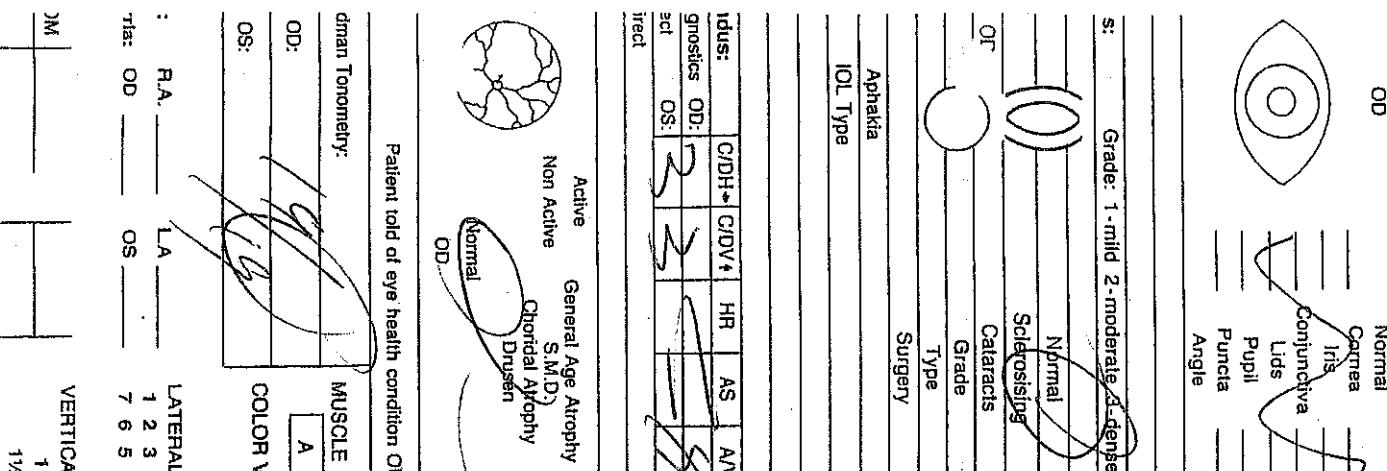
H. BEAK, MD
FCI MCKEAN

S. Czekal, MT
S. Czekal, Med Tech.

Name : MOSHIER JR, DONALD Doctor : MISCELLANEOUS DOCTOR
 Register#: 10924-052 Location: FCI MCKEAN (MCK)
 Printed : 09/16/2003 @ 06:32
 Sensitive L. O. U.

000256

<i>Mascher</i>				BILL TO:	
				KAREN MASCHER 10924-052 LI-4 T-9819 LIAISON PA 17637	
PATIENT NAME 10924-052 LI-4 144577		CUST. NUMBER P.O.: MASCHER		INVOICE NUMBER 242840	
Tray No.	9819	Date Processed	04/05/2006	04/19/2006	
R. EYE	-0.25	-0.75	-90	6.00	
L. EYE	-0.25	Sphere -0.75	Cylinder 90	Prism	Base Curve
R. EYE	1.50	28	81.0	R. EYE	6.00
L. EYE	Add 1.50	Width 28	Height 81.0	L. EYE	P.D. 64.0 N.P.D. 61.0
FRAME DATA				CHARGES	
Size 54.0	Depth 48.0	E.D. 59.0	D.B.L. 84.0	DESCRIPTION RIGHT LENS LEFT LENS 83-84 SAFETY	PRICE 6.00 6.00 6.00 6.00
Model: 03202/214/TMPL Length 0 64X24 83-84 SMOKE					
EDGED UNCUT <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED					
Type	LENS DATA			Material	
R: ST28 CR-39 SRC1 SOLA 76					
L: ST28 CR-39 SRC1 SOLA 76					
FDA CODE SEC. 3, 84, 21 CFR				NOTE FOLLOWING EXCEPTIONS	
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR. IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.				(1) PLASTIC: Mfr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.	
COMMENTS: J-10293661 LI-4 T-9819					
FROM: 144577 2040		SHIP TO: KAREN MASCHER 109-1 LEWISBURG, HEALTH CRV RR 5 66X 1006 LEWISBURG, PA 17637			
POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.					



Idus:	C/DH	C/DV	HR	AS	AN	Vit	Mac	Periphery
Gnostics OD:	3	3						
Act. OS:	3	3						
irect								
Active	General	Age	Atrophy	Active	Non Active	S.M.D.	Choroidal Atrophy	Drusen
Non Active								
Normal								
OS								

VA 55 Rx - O.U.	VA 60 Rx - O.U.
OD	OD
Dist.	OS
Near	OS
OBJ:	OS
PD	OD
K	OD
OS	OS

R	VA	Manufacturer	Name	Color
L	VA		25	0
Eye Size	Bridge Size			
50	24			
Please Circle	FTC			
	Supply			
	Enclosed			

Return	Months	INSTITUTION: USP LEWISBURG	EYEGLASS PRESCRIPTION
Check		INSTITUTION: USP LEWISBURG	
IN	NO.	ARRIVAL DATE	PURCHASE ORDER NO.
			JOB NO.

VERTICAL PHORIA: Circle #	1	2	3	4	5	6	7
Left Hyper	1 1/2	2	1	1/2	0	1/2	1 1/2
Right Hyper							
Referred To	<i>Dr. James M. Bussmann, M.D.</i>						
Time	10:25 AM						
LENSES	EXTRA						
	20-25						

Journals:

OD

Normal
Cornea
IrisConjunctiva
LidsPupil
Puncta

Angle

Age

DOB

Name *Mosher, Donald*

10/24/1952

00

Occupation

Date

Location

USP Lewisburg

3/28/00

02

History:

FT

N

D

HCL

SCL

General Health

Medication

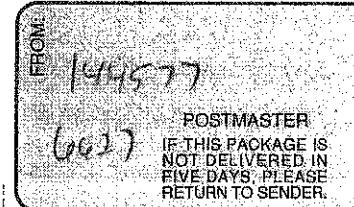
Told New Rx:

No Change

<i>Moshier</i>		BILL TO: KAREN MASSER 80 JYM USP LEWISBURG RR 5 PENN 200 BOX LEWISBURG PA, 17837	
PATIENT NAME LI-17 144577 10924-052		CUST. NUMBER PO: MASSER	INVOICE NUMBER 836627
Tray No. 8900	Date Processed 01/13/2006	01/27/2006	
R. EYE -0.25 -0.75 90		6.00	
Sphere L. EYE -0.25 -0.75 90		Prism	Base Curve
R. EYE 1.50 28 18.5		R. EYE 64.0	61.0
Add 1.50 Wdth 28 Height 18.5 L. EYE		L. EYE P.D. 64.0	N.P.D. 61.0
FRAME DATA			
Size 50.0	Depth 43.0	E.D. 50.0	D.B.L. 20.0
Model: 10000000128 MPL. Length 50X26			
83-84 SMOKE			
EDGED UNCUT <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>			
LENS DATA			
Type R: ST26 CR-39 SRC1 SOLA 76 L: ST26 CR-39 SRC1 SOLA 76	Material		
FDA CODE SEC. 3, 84, 21 CFR	NOTE FOLLOWING EXCEPTIONS		
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.			
(1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.			
COMMENTS: J-10286239 LI-17 T-6900			
 		Sub Total 34.00	
		Freight	
		Total Due 34.00	
FROM <i>144577</i>	SHIP TO: KAREN MASSER USP LEWISBURG, HEALTH SRVC RR 5 BOX 1000 LEWISBURG PA, 17837		
POSTMASTER (662) IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.			

000259

<i>Mashuer</i>		BILL TO: KAREN MASSER BOX 1787 LEWISBURG PA 17837					
10924-052							
PATIENT NAME 11-17 144577		CUST. NUMBER PO: MASSER	INVOICE NUMBER 236627				
Tray No. 8900	Date Processed 01/13/2008	01/27/2008					
R. EYE -0.25	-0.75	90	6.00				
L. EYE -0.25	Sphere -0.75	Cylinder 0	Axis 90	Prism	Base Curve	6.00	
R. EYE 1.50	28	18.5	R. EYE 64.0	61.00			
L. EYE +1.50	Width 28	Height 18.5	L. EYE P.D. 64.0	N.P.D. 61.00			
FRAME DATA				CHARGES			
Size 50.0	Depth 43.0	E.D. 50.0	D.B.L. 20.0				
Model: 10000000122 MPL. Lengthe S.0X2.0 83-84 SMOKE							
EDGED UNCUT <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input checked="" type="checkbox"/> SUPPLIED							
Type R: ST28 CR-39 SRC1 SOLA 76 L: ST28 CR-39 SRC1 SOLA 76	LENS DATA	Material					
FDA CODE SEC. 3, 84, 21 CFR	NOTE FOLLOWING EXCEPTIONS						
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.	(1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.						
COMMENTS: J-10286239 LI-17 T-8900							
<i>Doull M&H</i>							
Sub Total	34.00						
Freight							
Total Due 34.00							



SHIP TO:
KAREN MASSER
USP LEWISBURG, HEALTH SRVC
RR 5 BOX 1000
LEWISBURG, PA. 17837

000260

External:	OD	Normal	OS				
	Conjunctiva	Iris					
	Lids	Pupil					
	Puncta	Angle					
Ps:	Grade: 1-mild 2-moderate 3-dense 4-very dense						
	(0)	Sclerosing	(0)				
	Grade		OS				
	Type						
Surgery	Aphakia						
IOL Type		Aphakia					
Radius:	CDH	CDV	HR	AS	Vit	Mac	Periphery
Gonioscopy OS:	2	2	2	2			
Spec							
Active	General Age Atrophy	Active					
Non Active	S.M.D.	Non Active					
	Choroidal Atrophy						
	Drusen						
Normal		Normal					
OD		OS					
Patient told of eye health condition OJU _____							

Age	44	DOB			
Occupation		Date	10/24/05		
Last Exam		Location	USP Lewisburg		
History:					
Glasses:	FT	N	D	HCL	SCL
General Health					
Medication					
Told New Rx:	No Charge				
Allergies					
Family History					
Chief Complaint:	<i>SHM</i>				
VA SS Rx - O.U.	VA EC Rx - O.U.				
Dist.	OD	OD	OD		
OBJ:	OS	<i>40</i>	OS		
OBJ:	OD	<i>40</i>	OD		
OBJ:	OS	<i>40</i>	OS		
OBJ:	OD	<i>40</i>	VA		
OBJ:	OS	<i>40</i>	VA		
OBJ:	OD	<i>40</i>	VAC		
OBJ:	OS	<i>40</i>	VAC		
PD	<i>67/61</i>	Add	+150		
K	OD				
	OS				

Plan:	Attachment 4	150-89180001	October 11, 1999		
Return	Months	EYEGLASS PRESCRIPTION			
Check	____	INSTITUTION:	USP LEWISBURG	BOP FORM 3	
	____	INSTRUMENT:	FEDERAL CORRECTIONAL INST.		
	____	NAME:	LEWISBURG	FBI/UNICOR	
	____	CITY:	LEWISBURG		
	____	STATE:	PA	OLD NORTH CAROLINA HWY 75	
	____	ZIP:	17837	BUTNER, NC 27509	
	____	CONTACT PERSON:	Karen J. Masser, HSA	TRUST SERVICE: (919) 575-4671	
	____	PHONE NO.:	570-522-7890	FAX: (919) 575-6286	
	____	LENSES	20/25		
	EXTRA				
Referred Dr.					
Time					
FRAME					
MISC / Case	50				

Pharmacist
12-23-2005

		BILL TO:											
		PHILIP CALDWELL FCI MCKEAN HEALTH SVC RT 59 BIG SHANTY ROAD LEWIS RUN PA. 16738											
PATIENT NAME 10924-052 LI-3		CUST. NUMBER 110666											
Tray No. 9113		INVOICE NUMBER PO: CALDWELL 194450											
		Date Processed 06/23/2004											
		07/07/2004											
R. EYE -0.50 -0.75 105 Sphere Cylinder Axis L. EYE -0.25 -0.75 60		6.00											
R. EYE Add Width Height L. EYE		6.00											
R. EYE 0.0 L. EYE		R. EYE 67.0 P.D. 67.0 N.P.D. L. EYE											
FRAME DATA Size Depth E.D. D.B.L. 54.0 49.0 59.0 22.0 Model: 0320272297 #MPL. Leng#S 54X22 83-84 SMOKE													
CHARGES <table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>PRICE</th> </tr> </thead> <tbody> <tr> <td>RIGHT LENS</td> <td>11.00</td> </tr> <tr> <td>LEFT LENS</td> <td>11.00</td> </tr> <tr> <td>83-84</td> <td>12.00</td> </tr> <tr> <td>SAFETY</td> <td>.00</td> </tr> </tbody> </table>				DESCRIPTION	PRICE	RIGHT LENS	11.00	LEFT LENS	11.00	83-84	12.00	SAFETY	.00
DESCRIPTION	PRICE												
RIGHT LENS	11.00												
LEFT LENS	11.00												
83-84	12.00												
SAFETY	.00												
EDGED UNCUT <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>													
LENS DATA Type: R: SV CR-39 SRC1 SOLA 72 L: SV CR-39 SRC1 SOLA 72		Material											
FDA CODE SEC. 3, 84, 21 CFR		NOTE FOLLOWING EXCEPTIONS											
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		(1) PLASTIC: Mir. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.											
COMMENTS: J-10227755 LI-3 T-9113		Sub Total 34.00											
		Freight											
		Total Due 34.00											
FROM: HOWE		SHIP TO: FCI MCKEAN HEALTH SVC RT 59 BIG SHANTY RD LEWIS RUN, PA, 16738											
POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER													

000262

513-110

NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

OPTOMETRIST

FROM: (Requesting physician or activity)

Dennis Olson, MD, CD

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

EYE EXAM : ^{1st}

SUBJECTIVE :

blur@ for last couple
of months
Aug 4/02

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
D. OLSON, M.D.		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NOPATIENT EXAMINED YES NOVisual Acuity Distance OD 20/30 OS 20/30 TONOMETRY: OD
Near OD .37m OS .37m OS

External Normal 67

Internal

Refraction OD - .50 - .75 X 105 20/20
OS - .25 - .75 X 60 20/20 54 X 22 X 61

Diagnosis CMA

Analysis requires exercises for distance vision

Plan order exercises for distance vision

(Continue on reverse side)

SIGNATURE AND TITLE

Christie J. Heranek

DATE

6/16/02

IDENTIFICATION NO.

ORGANIZATION

FCI McKean

REGISTER NO.

10924-052

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Dennis Olson, MD
Physician

Mosher, Donald

CONSULTATION SHEET
Medical RecordSTANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

000263

Eyeglass Prescription

TRAY NO.	ARRIVAL DATE	PRESCRIPTION NO.																																																																																																				
INSTITUTION:																																																																																																						
CITY	ZIP																																																																																																					
STATE																																																																																																						
LENSES																																																																																																						
EXTRA																																																																																																						
FRAME OR MTG																																																																																																						
MISC																																																																																																						
<table border="1"> <tr> <th rowspan="2">DISTANCE ADD</th> <th colspan="2">SPHERE</th> <th colspan="2">CYLINDER</th> <th rowspan="2">AXIS</th> <th rowspan="2">PRISM</th> <th rowspan="2">DIRECTION</th> <th rowspan="2">IN DEC OUT</th> </tr> <tr> <td>R</td> <td>- .50</td> <td>- .75</td> <td>105</td> <td>L</td> <td>- .25</td> <td>- .75</td> <td>60</td> </tr> <tr> <td colspan="5">SEGMENT INSTRUCTIONS</td> <td>R</td> <td>R</td> <td>R</td> <td>PUPILLARY WIDTH</td> </tr> <tr> <td colspan="5">HEIGHT WIDTH INSET</td> <td>L</td> <td>L</td> <td>R</td> <td>DIST. NEAR</td> </tr> <tr> <td colspan="5">ORTH. F TILLER D</td> <td>L</td> <td>L</td> <td>L</td> <td>(67) X</td> </tr> <tr> <td colspan="5">EXECUTIVE TYPE</td> <td>22</td> <td>22-24</td> <td>22-25</td> <td>STRAIGHT TOP</td> </tr> <tr> <td colspan="5">KRYPTOK</td> <td>22</td> <td></td> <td></td> <td>OTHER</td> </tr> <tr> <td colspan="5">PANOPTIK</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">CURVED TOP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">TRIFOCAL AND TYPE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">FRAME OR SHAPE</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					DISTANCE ADD	SPHERE		CYLINDER		AXIS	PRISM	DIRECTION	IN DEC OUT	R	- .50	- .75	105	L	- .25	- .75	60	SEGMENT INSTRUCTIONS					R	R	R	PUPILLARY WIDTH	HEIGHT WIDTH INSET					L	L	R	DIST. NEAR	ORTH. F TILLER D					L	L	L	(67) X	EXECUTIVE TYPE					22	22-24	22-25	STRAIGHT TOP	KRYPTOK					22			OTHER	PANOPTIK									CURVED TOP									TRIFOCAL AND TYPE									FRAME OR SHAPE								
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29					54	22	6 1/4																																																																																															

29 shorts plastic

Mail to:
 Federal Prison Industries
 Box 100
 Butner, N.C. 27509

SPECIAL INSTRUCTIONS
 11 LENS ONLY
 11 FRAMES ONLY

SIGNATURE
 USP LVN

DATE
 Previous editions not usable

BP-357(80)
 MAY 1984

Chesley J. Horwitz 6/16/04

000264

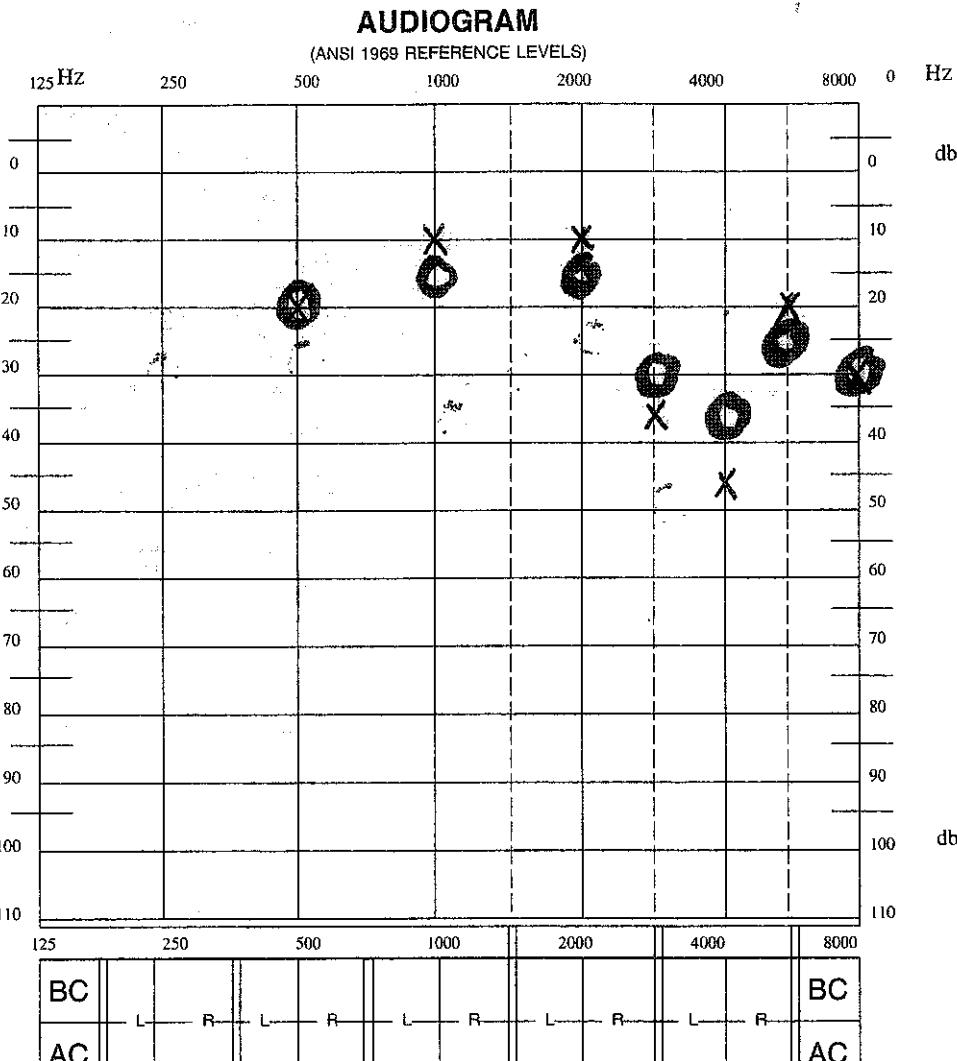
U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

AUDIOMETRIC EXAMINATION

CODE	
AIR UNMASKED	
RIGHT	○ — ○ RED
LEFT X — X BLUE	
AIR MASKED	
RIGHT △ — △ RED	
LEFT □ — □ BLUE	
BONE UNMASKED	
RIGHT <— — < RED	
LEFT >— — > BLUE	
BONE MASKED	
RIGHT ▲ — ▲ RED	
LEFT ▽ — ▽ BLUE	
THRESHOLD OF DISCOMFORT	
RIGHT U — U RED	
LEFT U — U BLUE	
NO RESPONSE	↓
OTHER(Specify)	

HEARING THRESHOLD LEVEL IN DECIBELS (db)



FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB 15 14 10 8.5 6 11.5 8.5 9.5

EXAMINERS INITIALS	SPEECH AUDIOMETRY											
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4			
RIGHT EAR					RIGHT EAR					EAR	TWO FREQ.	THREE FREQ.
LEFT EAR					LIST MASKING LEVEL					RIGHT		
MASKING LEVEL					LEFT EAR					LEFT		

REMARKS

Dr. D. Massa, MD
Dr. D. Massa, MD
FCC Philadelphia

Baseline - Unicor

WORK DETAIL	AUDIOMETER USED	EXAMINER
WE10-2	MAICO	Bret Brosious, RT (R) <i>[Signature]</i>
NAME	REG NUMBER	AGE
MOSHIER DONALD	10924-052	18 Aug 1961

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SUICIDE RISK ASSESSMENT

Date: February 21, 2005
Inmate: MOSHIER, DONALD Unit: A
Reg. No: 10924-052

Author: KENT CANNON, PSY.D.
Title: DAP COORDINATOR
Institution : FCI MCKEAN

Housing : ADM. DETENTION

Type of Attempt : NO ATTEMPT

Lethality Assessment : N/A

Overall Suicide Risk Level .. : Precise prediction of suicidal behavior is difficult and should be modified over time as circumstances change. Based on the findings noted below, the current overall risk of suicide is judged to be **LOW**.

Action : A formal suicide watch is not warranted at this time

COMMENTS:

Section I: PERSON MAKING REFERRAL: Activities Lt. Garcia

Section II: REASON FOR REFERRAL: This inmate reportedly told Lt. Garcia, "If I don't see Dr. Rhinehart and the Warden after lunch then I will hang myself, because me being here is bullshit."

Section III: RISK FACTORS:

1. SOCIAL RELATIONAL:

N A. Significant Other(s) Status: His father is reportedly dieing of cancer, and he wants to phone him so his father won't needlessly drive here in bad weather. He said he looks forward to being reunited with his parents and his sons when he is released from prison.

P B. Imminent loss (see above). He said he fears not being able to talk to his father after his father dies from cancer.

N/S C. Status Issues: Significant alteration of circumstances: This inmate said he has no difficulty in this area.

2. SITUATIONAL:

P A. Criminal Justice Issues: This SHU inmate said he wants access to his property because he has only four days to ask for an extension on his legal appeal, before the time deadline elapses.

P B. Institutional Issues: This inmate is in the SHU for an

investigation for "encouraging a group demonstration." He said he never did this. He said staff "set me up for this," so he said he wants the Warden to transfer him to another facility. He said he is not having any problems with

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other inmates, aside from the fact that he said another inmate planted a shank in his cell awhile back.

N/S C. Safety Issues: This inmate does not view his prison environment as dangerous. He said he has nothing to fear here, and he said he will be able to cope well here - if he gets his property so he can make his legal appeal, and if he can phone his father to see how he is doing.

3. MEDICAL:

P A. Distressing Illness: Significant medical concern - chronic back problems and hepatitis C.

N/S B. Pain (Physical): Chronic back pain, and a skin rash covering much of his body. Low intensity and duration. "I can tolerate all of this, if I can just get my property to make my legal appeal, and phone my father."

N/S C. Chemical Abuse/Use: This inmate said this is not a problem for him; however, he was once given a diagnosis of Polysubstance Dependence on 4/14/03.

4. PSYCHIATRIC:

N/S A. Treatment History: Only short-term substance abuse counseling.

N/S B. Current Status: Axis II: Antisocial Personality Disorder.

5. PSYCHOLOGICAL:

N/S A. General Mental Health Status: "No, I am not having any suicidal thoughts or feelings. I also am not feeling depressed. I am just pissed-off that they won't give me my property and let me phone my father." This inmate did not appear to be depressed; instead, he appeared angry and manipulative. "The only reason why I told the Lt. that I was going to hang myself is because that is the only way an inmate can get any help around here (the SHU). No, I have not had a single suicidal thought, and I don't have a plan to take my life. I just want to phone my dad and get my property. I think staff are screwing with me, that's why they won't help me."

N/S B. Hopelessness-Helplessness: This inmate stated a strong desire to be reunited with his family when he is released from prison. He said he looks forward to being with his sons and his parents. We discussed ways he can better handle his stress. "I guess your right Dr. I was only looking at the negative, and I was not also thinking about being with my family. I don't want to mess-up and have to wait longer to see my family." This inmate clearly stated many things that he is hopeful for in his future, and many ways in which he does not feel helpless in his personal environment.

N/S C. Depression: This inmate clearly and strongly affirmed that he was NOT feeling depressed, and he did not appear to be feeling depressed. He did not manifest any vegetative symptoms.

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N/S D. Pain (Emotional): This inmate said that although he is feeling angry at staff for not giving him his property, for not letting him have access to the phones in SHU when he wants, and for placing him in SHU pending

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an investigation for "encouraging a group demonstration," he confidentially stated that he can cope with this and his other life and emotional stressors.

N/S E. Negative Cognitions (Emphasizing Self Concept): Although I assessed for this area, this inmate did not verbalize the presence of anything in this area. Instead, he appears to have a positive self-esteem, and was able to articulate positive alternatives. He only appeared to lie to staff in an effort to manipulate staff.

N/S F. Coping Resources: This inmate was easily able to articulate cogent reasons for living. He did not claim a history of serious deficits in coping, or evidence major deficits in basic living skills. He did not manifest constriction (e.g., an inability to see alternatives to present difficulties and distressing personal problem); etc.

6. HISTORICAL:

N/S A. Self-Destructive: This inmate denied past suicide attempt/gestures.

P B. Impulsivity: This inmate appears to have a history of impulsive and manipulative acting out, as is evidenced by his history of self-destructive substance abuse, history of violence, and history of illegal behavior.

N/S C. Personal Awareness Issues: This inmate said that none of his significant others have a history of suicide. He does not have any personal contact with suicidal individuals. He denied the presence of other unusual factors such as fascination with suicide through reading, religious suicide cult ideology; etc.

7. BEHAVIORAL:

N/S A. Self-Destructive: This inmate said he does not have a history of self-inflicted injury or suicide attempt.

N/S B. Withdrawal: This inmate does not appear to be isolating, or reducing his interaction with others including inmates, staff, or family; instead, he complains of not being able to phone his family, and his desire to win his appeal so he can be with his sons sooner. He said he is eating his meals.

N/S C. Changes: This inmate complained that he is not being given more frequent access to the inmate showers while he is being housed in the SHU. He also complained that he is not being given "Irish Spring" soap, because it is "easier on his skin," because of his skin condition. He also complained of having to sleep on the floor in his SHU cell because there are so many inmates in his SHU cell, because he finds it uncomfortable, and it is harder for him to get a good night's sleep, like he wants.

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N/S D. Related Actions: There was no evidence to suggest that this inmate was engaged in hoarding medications, stealing medications, buying drugs, collecting materials such as making a rope, writing a suicide letter

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with death references, making final arrangement, or putting his affairs "in order," etc.

8. MOTIVATIONAL:

N/S A. Intentionality: It was determined that this inmate did not have a desire to die, escape, effect change, or solve a problem through death. Instead, he clearly stated that he wanted to live, and was looking forward to being with his family. He clearly stated that the ONLY reason he lied, and told the Lt. that he was suicidal, was because he felt that this was the only way he could get his property and a phone call, and get a chance to tell the Warden that he wanted to be moved to another facility.

N/S B. Plan: This inmate clearly stated that he did not have a plan, or tools with which to take his life.

N/S C. Goals: This inmate did not see death as an escape, nor was he imagining scenes of life after death in peaceful setting. This inmate demonstrated a willingness to work with this clinician, and we established a therapeutic alliance. He said if he had any other problems, he would ask to speak with a psychologist, instead of trying to manipulate staff. He convincingly contracted to seek help in the unexpected event that he had a crisis. "I know Dr. Rhinehart will come and help me if I need him to."

1. The "Prison Suicide Risk Assessment Checklist" was developed by the psychology services staff at the Federal Transfer Center, Oklahoma City, Oklahoma in 1997; David F. Wedeking, Ph.D., Theresa L. Johnson, Ph.D., David K. Carlson, Psy.D., Richard R. Ray, M.S., and Katie N. Levins, M.A.

2. P stands for "Potential Problem Area Identified"; and N/S stands for Nothing Significant Noted."

SECTION IV CONCLUSIONS AND RECOMMENDATIONS: It was therefore determined that this inmate is not at imminent risk for suicidal behavior. Instead, his verbalization that he might hang himself was determined to represent an effort on his part to manipulate staff. This inmate was encouraged not to manipulate staff like this in the future. He said he would not do this again. Staff are encouraged to closely monitor this inmate, and should they have any concerns about how he is doing, to immediately refer him to the Psych. Dept.

cc: A-Unit Manager, T.M. Murphy
Capt.
HSA
A/W Grimm
Warden
Dr. Rhinehart

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BRADFORD REGIONAL MEDICAL CENTER

5 Interstate Parkway
 Bradford, Pennsylvania 16701

DEPARTMENT OF PATHOLOGY**SURGICAL PATHOLOGY REPORT**

Moshier, Donald
 M 43 DOB 8/18/61
 MR# 226525

Dr. Horsley/Beam
 4447798 FC: 11
 ROOM: OP

DATE OF OPERATION: 08-24-04 PATHOLOGY NUMBER: S04-3048
 Received in Pathology: 08-24-04

PRE-OP DX: Elevated LFTS
 PROCEDURE: CT Guided Needle Biopsy
 CLINICAL INFORMATION:

SPECIMEN/LOCATION: CT Guided Needle Biopsy of Liver

GROSS DESCRIPTION: The specimen received in formalin consists of four tan-brown, linear soft tissue fragments, varying from 0.7 to 1 cm in length and 0.1 cm in diameter. The entire specimen is submitted.

MICROSTUDY DIAGNOSIS:

CT Guided Needle Biopsy of Liver:
 Cirrhosis of liver, micro-nodular pattern, active. See comment.

COMMENT: Focally hepatocytes show mild to moderate micro and macrovesicular fatty degeneration with focal ballooned hepatocytes, focal areas of piecemeal necrosis. Special stains, trichrome, show increased fibrous tissue. Special stains for Iron do not show increased stainable Iron. The possible etiology includes among others the following: alcoholic cirrhosis, viral hepatitis with cirrhosis. Findings should be clinically correlated.

DATE OF REPORT: 08-26-04

Sally
 Syed Ally, MD

REVIEWED BY

W. B. Ally
 9/17/04
 H. BEAN, MD
 EC MCKEEAN

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Bradford Regional Medical Center
116 Interstate Parkway
Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER,DONALD	Medical Record #: M000226525	Acct #: V04546554
DOB: 08/18/1961	Age: 43	Sex: M
Admitting MD: Graham, Nathaniel MD	Room/Bed: 446A-1	Location: 4EAST
Admit Date: 04/18/05	Discharge Date: 04/27/05 / 1347	

DISCHARGE SUMMARY

DISCHARGE DIAGNOSIS: Severe acute cholecystitis with signs of gangrene at the gallbladder clinically.

PROCEDURE: Open cholecystectomy.

HISTORY: See HP.

HOSPITAL COURSE: The patient was brought to the hospital and given intravenous fluids and antibiotics in an attempt to cool down his cholecystitis. This was unsuccessful, and he required emergent operation. Because of the amount of guarding and expected amount of inflammation, it was planned as an open procedure which was carried out without complications. He recovered very well, particularly considering his comorbidities including hepatitis C with cirrhosis. He improved gradually. JP drain was left in for 5 days. Kept on Zosyn as an antibiotic. He is now eating regular food. The incision is healing well. He has been having some diarrhea in the last 24 to 48 hours. It appears to be related to his antibiotics. We will get a stool titer for C. difficile. Started him on acidophilus, and I have discussed with Dr. _____ at FCI McKean. He has now been in the hospital for 8 postop days and is ready to be discharged, and he will be followed by the physicians at FCI McKean.

PROGNOSIS: Good in the short term for his cholecystitis. Guarded for his hepatitis.

Job#: 4560034 / 891280

Signed By: _____ Graham, Nathaniel MD

GRAHNA/PRECYSE
DDT: 04/27/05 0911
TDT: 04/27/05 2159
Report Number: 0427-0062
cc:
FCI MCKEAN
Graham, Nathaniel MD

Reviewed by D. Olson, MD
Date: 3/21/05

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